

1. Mr Muston B.415
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CITY OF BIRMINGHAM



REPORT
ON THE
Health of Birmingham
IN
1969

E. L. M. MILLAR
M.Sc., M.D., Ch.B., D.P.H.
Medical Officer of Health



CITY OF BIRMINGHAM

REPORT OF THE
MEDICAL OFFICER
OF HEALTH

FOR THE YEAR

1969



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MEMBERS OF THE HEALTH COMMITTEE

Municipal Year, 1969-70

Chairman COUNCILLOR E. J. FRANKLIN, J.P.

THE LORD MAYOR (ALDERMAN N. B. A. BOSWORTH, LL.B.).

ALDERMAN W. T. BOWEN, J.P. (Deceased)

ALDERMAN MRS. E. V. SMITH, C.B.E., J.P.

ALDERMAN MRS. A. F. WOOD, C.B.E., J.P.

COUNCILLOR MRS. M. A. BROWN, J.P.

COUNCILLOR J. D. BRYANT

COUNCILLOR MRS. K. E. BULMER

COUNCILLOR MRS. E. FINNEY

COUNCILLOR I. E. GILBERT

COUNCILLOR G. W. GRIFFITHS

COUNCILLOR K. G. HARDEMAN

COUNCILLOR H. N. SCRIMSHAW

COUNCILLOR L. J. SPRIGG

COUNCILLOR P. W. TULLETT

Finance and General Purposes Sub-Committee:

Chairman—COUNCILLOR E. J. FRANKLIN.

ALDERMEN MRS. E. V. SMITH AND MRS. A. F. WOOD.

COUNCILLORS MRS. M. A. BROWN, H. N. SCRIMSHAW AND L. J. SPRIGG.

RESPONSIBILITIES:

To report upon matters referred to them by the Health Committee and to act when necessary on behalf of the City Council for the purpose of exercising certain powers and duties which the Council have delegated to the Sub-Committee.

Meetings—Monthly.

OTHER COMMITTEES OF THE CITY COUNCIL CONCERNED WITH MATTERS OF PUBLIC HEALTH
AND THE SOCIAL SERVICES

Baths Committee(provision of bathing establishments)

Children's Committee (child protection, child delinquency, care of deprived children, fostering and adoption)

Education Committee (administration on behalf of Health Committee of junior special training centres).

Finance Committee and also the General Purposes Committee (financial provisions of the various enactments)

Fire Brigade Committee (Ambulance Service on an agency basis).

Housing Committee (slum clearance and provision and management of municipal houses).

Markets and Fairs Committee (regulation, control and management of markets and fairs)

Public Works Committee (*inter alia* in charge of all works in connection with public drains and sewers, paving, surfacing and maintenance of streets and roads, the lighting and cleansing of highways, etc.)

Salvage Committee (refuse disposal).

Water Committee (provision of the City's water supply)

Welfare Committee (provision of services for old and handicapped people under the National Assistance Acts 1948-1959)

STAFF OF THE PUBLIC HEALTH DEPARTMENT AS AT 31st DECEMBER, 1969

Medical Officer of Health and Principal School Medical Officer:

E. L. M. MILLAR, C.B.E., M.Sc., M.D., Ch.B., D.P.H.

Deputy Medical Officer of Health and Deputy Principal School Medical Officer:

W. NICHOL, M.B., Ch.B., D.P.H.

Secretary Accountant:

P. W. GREEN, F.C.I.S.

Senior Administrative Medical Officers for Personal and Child Health Services:

N. M. JOHNSTON, L.R.C.P., L.R.C.S., D.P.H.

D. F. MAHON, M.B., B.Ch., B.A.O., D.P.H., B.Sc. (Public Health). L.M.

Deputy Senior Administrative Medical Officers for Personal and Child Health Services:

M. KEEFE, M.B., Ch.B.

J. E. PRESTON, M.B., Ch.B. (and Nurseries).

Senior Assistant Medical Officer for Personal and Child Health Services:

M. HARRISON, M.B., B.Sc., L.R.C.P., M.R.C.S., D.P.H.

Senior Clinical Medical Officers for Child Health:

I. C. AIDNEY, M.B., Ch.B.

J. I. BUCHANAN, M.B., Ch.B.

O. C. FURLONG, M.B., Ch.B., D.C.H.

J. B. MOLE, M.B., Ch.B., D.C.H.

Senior Administrative Medical Officer for Environmental Services:

S. G. PHILLIPS, M.B., Ch.B., D.T.M., and H., D.Obst., R.C.O.G., D.P.H.

Deputy Senior Administrative Medical Officer for Environmental Services:

G. K. M. KHOMO, M.B., Ch.B., D.P.H., D.I.H.

Medical Officer for Immunisation:

C. LATROBE, M.A., M.B., B.Chir. (Cantab.), M.R.C.S. (Eng.), L.R.C.P. (London)

Medical Officer for Staff Welfare:

J. J. LANDON, M.A., M.B., B.Chir. (Cantab.), M.R.C.S. (Eng.), L.R.C.P. (Lond.)

Chief Dental Officer

F. J. HASTILOW, L.D.S.

City Analyst:

A. H. COOMBS, B.Sc., F.R.I.C.

Chief Veterinary Officer:

A. WILSON, M.R.C.V.S., D.V.S.M.

Chief Public Health and Housing Inspector:

E. N. WAKELIN, O.B.E., F.R.S.H., F.A.P.H.I.

Chief Air Pollution and Noise Abatement Inspector:

F. REYNOLDS, F.R.S.H., M.A.P.H.I., M.Inst.F.

SECRETARIAL AND ACCOUNTANCY

Secretary-Accountant	..	..	..	..	..	..	..	..	1
Deputy Secretary Accountant	..	..	..	..	..	..	..	..	1
Administrative Assistants	..	..	..	..	..	..	..	..	2
Senior Assistant Accountant	..	..	..	..	..	..	..	..	1
Assistant Accountant	..	..	..	..	..	..	..	..	1
Staff Officer	..	..	..	..	..	..	..	..	1
Senior Administrative Assistant, Building Maintenance and Supplies	..	..							1
Administrative, Accountancy and Clerical Staff	..	..	..	..	..	..	..	..	105

PERSONAL AND CHILD HEALTH SERVICES

Senior Administrative Medical Officers for Personal and Child Health Services	..								2
Deputy Senior Administrative Medical Officers for Personal and Child Health Services									2
Senior Assistant Medical Officer for Personal and Child Health Services	..	..							1
Senior Clinical Medical Officers for Child Health	..	..	..	..	..	..	..	..	4
Assistant Medical Officers for Personal and Child Health Services (21 full-time, 8 part-time)	..	..	..	..	..	..	..	..	29

Health Visitors and Associated Staff

Superintendent Health Visitor	..	..	..	..	..	..	..	..	1
Deputy Superintendent Health Visitor	..	..	..	..	..	..	..	..	1
Assistant Superintendent (Geriatric Services)	..	..	..	..	..	..	..	..	1
Superintendent School Nurse	..	..	..	..	..	..	..	Post Vacant	
Deputy Superintendent School Nurse (Acting Superintendent School Nurse)	..								1

								Full-time	Part-time
Health Visitors	..	..	..	..	..	..	..	117	15
Health Visitors (Unmarried Mothers Section)	..	..	..	..	..	..	..	1	2
Health Visitors (Geriatric Section)	..	..	..	..	..	..	..	6	3
Student Health Visitors	..	..	..	..	..	..	..	22	—
Clinic Nurses	..	..	..	..	..	..	..	4	16
Chiropodist	..	..	..	..	..	..	..	—	1
Physiotherapists	..	..	..	..	..	..	..	1	7
Psychiatrist	..	..	..	..	..	..	..	—	1
School Nurses	..	..	..	..	..	..	..	66	—

<i>Midwives</i>										
Supervisors .. .. .	..	..	..	..	..	..	..	..	..	2
Assistant Supervisors .. .. .	..	..	..	..	..	..	..	..	..	2
Midwives (full-time 114, part-time 19) .. .. .	..	..	..	..	..	..	..	..	..	133
<i>Day Nurseries</i>										
Superintendent .. .. .	..	..	..	..	..	..	..	..	<i>Post Vacant</i>	
Supervisors of Day Nurseries .. .. .	..	..	..	..	..	..	..	..	..	2
Nursery Nurses and other professional staff (290 full-time, 2 part-time) .. .. .	..	..	..	..	..	..	..	..	..	292
<i>Home Nursing Service</i>										
Superintendent of Home Nursing Service .. .. .	..	..	..	..	..	..	..	..	..	1
Deputy Superintendent of Home Nursing Service .. .. .	..	..	..	..	..	..	..	..	..	1
District Nurse Tutor .. .. .	..	..	..	..	..	..	..	..	..	1
Nursing Staff (full-time 203, part-time 31) .. .. .	..	..	..	..	..	..	..	..	..	234
<i>Dental</i>										
Chief Dental Officer .. .. .	..	..	..	..	..	..	..	..	..	1
Senior Divisional Dental Officer .. .. .	..	..	..	..	..	..	..	..	..	1
Divisional Dental Officers .. .. .	..	..	..	..	..	..	..	..	..	3
Senior Dental Officers .. .. .	..	..	..	..	..	..	..	..	..	10
Assistant Dental Officers (full-time 4, part-time 23) .. .. .	..	..	..	..	..	..	..	..	..	27
Dental Technicians .. .. .	..	..	..	..	..	..	..	..	..	2
Dental Nurses (full-time 3, part-time 2) .. .. .	..	..	..	..	..	..	..	..	..	5
Dental Assistants (32 full-time, 13 part-time) .. .. .	..	..	..	..	..	..	..	..	..	45
Dental Hygienists (1 full-time, 1 part-time) .. .. .	..	..	..	..	..	..	..	..	..	2
Dental Auxiliaries .. .. .	..	..	..	..	..	..	..	..	..	8
<i>Home Help</i>										
Organiser .. .. .	..	..	..	..	..	..	..	..	..	1
Deputy Organiser .. .. .	..	..	..	..	..	..	..	..	..	1
District Organisers .. .. .	..	..	..	..	..	..	..	..	..	12
Assistant District Organisers .. .. .	..	..	..	..	..	..	..	..	..	2
Home Helps (full-time) .. .. .	..	..	..	..	..	..	..	..	..	35
Home Helps (part-time) .. .. .	..	..	..	..	..	..	..	..	..	877
Night Watchers .. .. .	..	..	..	..	..	..	..	..	..	35
<i>John Foster Vince Memorial Home (Mother and Baby Home)</i>										
Matron .. .. .	..	..	..	..	..	..	..	..	..	—
Nursing Staff .. .. .	..	..	..	..	..	..	..	..	..	3
Domestic Staff .. .. .	..	..	..	..	..	..	..	..	..	5
<i>Clerical Staff</i>										
.. .. .	..	..	..	..	..	..	..	..	..	47
<i>Miscellaneous Staff</i>										
Non-manual (full-time and part-time) .. .. .	..	..	..	..	..	..	..	..	..	89
Manual .. .. .	..	..	..	..	..	..	..	..	..	223

MENTAL HEALTH

Administrative Medical Officer (part of duties of Deputy M.O.H.)	1
Chief Assistant	1
Deputy Chief Assistant	1
Divisional Mental Welfare Officers	6
Area Mental Welfare Officers	3
Mental Welfare Officers	27
Trainee Mental Welfare Officers	2
Psychologist	1
Shorthand-typists	6
Clerical Staff	4

Parent and Child Centre

Senior Psychiatric Social Worker	1
Social Workers (2 full-time, 2 part-time)	4
Shorthand-typist	1

Hostels for Discharged Psychiatric Patients

Wardens	2
Assistant Warden and Cook	1
Cook	1
Manual Staff	4

Short Stay Hostel—Warwick Road

Matron	1
Deputy Matron	1
Nursing Staff (6 full-time, 1 part-time)	7
Domestic Staff	10

Senior Training Centres (2)

Senior Warden	1
Warden	1
Deputy Wardens	2
Supervisors	4
Assistant Supervisors	16
Trainee Assistant Supervisors	2
Clerical Staff	3
Manual Staff (part-time)	23

GENERAL PURPOSES

Administrative Medical Officer of Health	1
Deputy Administrative Medical Officer of Health (in conjunction with Health Education and Immunisation)	1
Clerical Staff	4

Health Education

Organiser	1
Assistant Organiser	1
Artist	1

Immunisation

Medical Officer for B.C.G. Vaccination	—
Nurse Administrator of the Immunisation Section	1
Nursing Staff	2
Medical and Nursing Staff (part-time)	12
Clerical Staff	24
Temporary Clerical Staff (full and part-time)	7

TUBERCULOSIS

(Prevention and After-Care)

Medical Director (part-time)	1
Medical Officers (part-time)	10
Tuberculosis Visitors	7
Clerical Staff	4

STAFF WELFARE SURGERIES

Medical Officer for Staff Welfare	1
Nursing Staff (1 full-time)	3

VETERINARY OFFICERS AND FOOD INSPECTORS

Chief Veterinary Officer	1
Deputy Chief Veterinary Officer	1
Assistant Chief Veterinary Officer	<i>Post Vacant</i>
Senior Food Inspectors	3
Authorised Meat Inspectors	17
Trainee Meat Inspectors	—
Clerical Staff	3
Miscellaneous Manual Staff	4

PUBLIC HEALTH AND HOUSING INSPECTORS

Chief Public Health and Housing Inspector	1
Deputy Chief Public Health and Housing Inspector	1
Assistant Chief Public Health Inspector (Housing)	1
Assistant Chief Public Health Inspector (General)	1
Divisional Public Health Inspectors	4
District Public Health Inspectors	12
Senior Rodent Officer	1
Senior Shops Act Inspector	1
Enforcement Officers	2
Inspectorial Staff	70
Assistants	15
Water Sampling Officer	1
Pupil Public Health Inspectors	27
District Food Inspectors	9
Clerical Staff	40
Miscellaneous Manual Staff	17

AIR POLLUTION AND NOISE ABATEMENT INSPECTORS

Chief Air Pollution and Noise Abatement Inspector	..	..	..	..	..	..	..	..	1
Deputy Chief Air Pollution and Noise Abatement Inspector	..	..	..	..	..	..	..	..	1
Divisional Air Pollution and Noise Abatement Inspectors	..	..	..	..	..	..	..	..	4
Senior Smoke Control Area Advisers	..	..	..	..	..	..	..	..	2
Smoke Control Area Advisers	..	..	..	..	..	..	..	..	16
Clerical Staff	..	..	..	..	..	..	..	..	26

SAMPLING INSPECTORS

Senior Sampling Officer	..	..	..	..	..	..	..	..	1
Deputy Senior Sampling Officer	..	..	..	..	..	..	..	..	1
Milk Samplers	..	..	..	..	..	..	..	..	3

ANALYTICAL LABORATORY

City Analyst..	..	..	..	..	..	..	..	..	..	1
Deputy City Analyst	..	..	..	..	..	..	..	..	..	1
Research Chemist	..	..	..	..	..	..	..	..	..	1
Laboratory Staff	..	..	..	..	..	..	..	..	..	10
Clerical Staff	..	..	..	..	..	..	..	..	..	2

MISCELLANEOUS STAFF

Manual Workers (Laundry Workers, Drivers, Storemen, Cleaners etc.)	133
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PUBLIC HEALTH DEPARTMENT,
TRAFALGAR HOUSE,
PARADISE STREET,
BIRMINGHAM,
BI 2BQ.

*To the Chairman and Members,
Health Committee,*

A salient feature of the past three years has been a progressive and substantial fall in the number of live births. In 1969 they numbered 18,999. It was as long ago as 1957 that there were fewer live births. In that year 18,906 live babies were born to Birmingham residents. In seeking the reason for the recent decline in numbers of births one notes a similar substantial and progressive decline following the birth rate of 22·5 live births per 1,000 of population in 1946. At its lowest ebb it reached 16·0 in 1955 from which point it gradually rose again to 20·2 in 1964 and has now fallen to 17·5 live births per 1,000 of population. These figures demonstrate the fact that there are currently in the population fewer young women at their most reproductive age in life. No doubt the more readily available family planning and information facilities also have played their part. The Family Planning Association in fact opened clinics at a further four child health centres during 1969, making a total of 23 centres at which the Association now operates.

The illegitimate live births, after rising very slowly from being 10·2 per cent of all live births in 1962 to becoming 10·7 per cent in 1968, suddenly rose to 11·1 per cent of all live births in 1969. This was despite the much publicised contraception facilities now available for the unmarried. The provision of these has indicated to some minds that promiscuity has become more officially accepted. Progress towards sexual licence is also indicated by the numbers of new cases of gonorrhoea having risen from 2,808 in 1968 to 2,953 in 1969, again constituting a record.

In recent years progress towards avoiding infant deaths seems to have come to a standstill. With great social improvements in the Inner Wards and social deterioration in the Middle Ring Wards, there is little to choose between them in infant mortality rates, (24 and 25 infant deaths, respectively, per 1,000 live births). The large numbers of babies of immigrant parents in these areas, whose mortality rates are unduly high, contribute significantly to the high infant mortality rates. The potential of improving this state of affairs, is, however, indicated by the fact that although the same medical services are

available for the residents of the Outer Ring Wards, here the infant mortality rate remains steadily much lower at only 17 per 1,000 live births. Concentration upon improving facilities and competence for rearing children in the Middle and Inner Wards is clearly indicated. There is normally a bright spot each year indicating some progress and the bright spot in the infant mortality figures for 1969 is in the record low still birth rate of 13·5 per 1,000 live and still births.

Maternal mortality (excluding abortion) also reached a new low level of two deaths and the percentage of confinements taking place in hospitals a new high level of 81·1.

Interest in detecting, treating and in training handicapped children continues to develop. In Birmingham the Scriver Test on a drop of the very young baby's blood has been introduced and has led to the discovery of a range of abnormalities of amino-acid metabolism for the elucidation of which a special clinic has been set up at the Children's Hospital.

The numbers of handicapped children who survive neonatal operations, especially on the brain and spinal cord, is increasing and these children often need great support from parents and community. In fact some are not physically or mentally active.

The handicapped training classes at the various centres are doing extremely well and are limited only by the fact that transport is not available to take children to these classes. It would indeed be helpful if the community would shoulder some of this burden and organise transport for these children whose parents need this support and for the children who need this type of training.

Interest in playgroups continued to develop and during 1969 the original 76 were increased by an additional 45, catering for a further 890 pre-school children. Although children in the socially poorer areas greatly need playgroups, their mothers seem singularly unable or unwilling to organise them. The legal requirement for those to register who look after, for reward, even one child has substantially increased the work of the Department. The net registration of daily minders increased in 1969 to 102 but the turnover of minders and the poor standards of some of them caused a substantial volume of work of an inspectorial, advisory and educational nature.

Although not a new problem, there is increasing concern for those young children whose environment does not enable them to learn from others and from the use of toys. Increasing admissions to day nurseries are needed for these physically and socially disadvantaged children of inadequate parents. Education of mothers and minders in these matters is of great importance, so much so

that one could argue that playgroups and child minding should have been transferred to the Education Service rather than to the Social Service Departments that are to be developed.

Deaths from coronary disease and angina continue to increase. The 2,584 deaths in 1969 represented almost 1 in 5 of all deaths. The 579 deaths of men from lung cancer represented a fall of 33. One hopes this indicates that, at long last, advice not to smoke is being heeded—at least by some men. Deaths of women rose again and a record figure of 111 deaths was attained. More than 1 in 4 of all fatal cancers are lung cancers.

The great deal of money and effort expended upon prevention of atmospheric pollution is having success which it is now easy to see. Particularly in the inner and middle areas of the City, surfaces, fabrics and vegetation have become noticeably cleaner. Our eight sets of rather rudimentary recording apparatus also demonstrate, by the graph on page 34 the diminished amounts of solid deposit and of sulphur dioxide in the environment of those who dwell and work in Birmingham. The popularity of the programme has been somewhat marred by the restricted supplies of some solid smokeless fuels, but consumers are well advised to accept alternatives to the fuel of their first choice. Smokeless solid fuel appliances are designed to burn a wide range of fuels but a critical factor in all cases is to obtain a fuel in lumps of such size as suit the appliance and the rate of burning required.

It was hoped that one effect of the rapid clearance of the slums would be a corresponding fall in the number of applications for rehousing on grounds of ill-health; but in fact nearly ten thousand applications were dealt with in 1969. Each application needs an investigation into the claim of ill-health as well as into living conditions cited as the cause or as aggravating the condition. There is then an assessment by a medical officer of the priority warranted. One reason for the continuing high level of applications is the difficulty some families experience in settling in a new environment, in more expensive accommodation, at greater distances from employment and, in particular, in flats rather than in houses.

The year was notable for the introduction of vaccination against measles and, although the programme had to be curtailed through lack of supplies of vaccine, it seemed clear the vaccine had the effect of substantially suppressing an epidemic.

There was again an increase in scabies which it is difficult to understand, bearing in mind the ever increasing opportunities for maintaining a good standard of personal and domestic hygiene.

Our almost invariable experience in Birmingham is to find that typhoid patients have derived their infection either when themselves recently overseas or by being infected through a close associate from overseas. This was so in the seven of the nine cases of typhoid, the origin of whose infection we were able to ascertain.

With 591 notifications of new cases of tuberculosis, a new low level has been reached. Only 40 per cent of the patients were born in Great Britain. Similarly the 29 deaths constitute a new low record.

At the close of the year it was evident that public health departments are facing fundamental changes in the relatively near future. Medical staffing, especially for clinical work, is becoming very difficult and this demonstrates the importance of the most effective use of medical manpower. It seems that reorganisation of the administration of services offers the means of achieving this and of avoiding wasteful overlapping. An important future role for a doctor will then be the assessment of needs and priorities and to suggest the most economical method of meeting them within a single comprehensive medical service, supported by a local authority-based social service.

At a time when it can be seen that the Public Health Department is to be split into three parts, it is gratifying to find that mutual confidence between employer and staff is such that quality of the service remains the first consideration.

E. L. M. MILLAR,
Medical Officer of Health.

CLIMATOLOGY

The University of Birmingham Edgbaston Meteorological Observatory has very kindly supplied the following details of the weather during 1969.

The coldest February since 1963, with considerable snowfall, a warm very sunny July and the driest October on record were the most notable features of the year's weather. Widespread thunderstorms were reported in May, June and August. During the storm of Monday, August 11th, 19 houses were reported to have been struck by lightning in the City.

The mean temperature of the year was average (48·7-F.). The annual rainfall was 3·80 inches above normal, and the sunshine total exceeded the annual average by 42 hours. The mean wind speed was below average.

Main features of the months were as follows:—

- January* — Rather cold till 11th, then very mild; average rain. The mildest week in January on record (49·3°F. 9·6°C.).
- February* — Very cold, with 19 days of snow. Coldest February since 1963.
- March* — Very cold, dull and wet.
- April* — Rather cold, average rainfall, very sunny—sunniest April since 1945. (Easter (4th–8th) was the sunniest on record, with 47·1 hours sun).
- May* — Average temperature, very dull and wet; thunderstorms occurred on 11 days, which is most ever recorded in May. Second wettest on record, dullest since 1954.
- June* — Average temperature, rather dry. The sunniest June since 1960.
- July* — Warm, very sunny, average rainfall. Absolute drought for 15 days to 26th; first since 1961.
- August* — Rather warm, dull and rather wet. Thunder on 6 days.
- September* — Slightly above average temperatures, dry and rather dull.
- October* — Very warm (warmest since 1921 and the second warmest on record). Above normal sunshine.
- November* — Rather cold, very sunny, and rather wet.
- December* — Cold, below average sunshine, average rainfall.

VITAL STATISTICS

Area

There was no alteration in the area of the City during 1969, which remained at 51,598 acres or approximately 81 square miles.

Population

Census, 1961	1,107,187
Home population estimated by the Registrar ..	1964 1,106,040
General as at 30th June (Civilians plus H.M. Forces	1965 1,102,660
stationed in the area)	1966 1,102,570
	1967 1,101,990
	1968 1,074,940
	1969 1,086,400

The apparent increase in the estimated population for 1969 does not reflect a true increase in population but is merely a correction in the series of estimates. The birth rate fell from 18·84 to 17·49 but with the death rate increasing slightly to 11·57, a corresponding fall in the natural increase to 6,426 has resulted.

Live Births

		1965	1966	1967	1968	1969
	Number					
(a)	Born in the City ..	21,185	20,616	20,564	19,582	18,614
(b)	Born outside the City ..	370	403	471	674	385
		<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
		21,555	21,019	21,035	20,256	18,999

LIVE BIRTH RATE

17·49 per 1,000 population.

This again represents a fall from the rate for the previous year and is, in fact, the lowest rate since 1957.

Illegitimate Live Births

These numbered 2,107 representing 11·09 per cent of the total live births, an increase on the previous year. The following table sets out the percentage of locally recorded illegitimate live babies compared with the total live births in recent years.

1959	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969
6·8%	7·7%	8·9%	10·2%	10·4%	10·5%	10·3%	10·6%	10·7%	10·7%	11·1%

The number of illegitimate live births recorded in the City varies from the figures supplied by the Registrar General. From that source the percentage of illegitimate live births was 12·1 of the total live births. The difference between the two figures can be reconciled by the attribution to Birmingham women of the occurrence of illegitimate births outside the City.

The following table shows the comparable rates for England and Wales and other large towns:-

	<i>Birmingham</i>	<i>Leeds</i>	<i>Liverpool</i>	<i>Manchester</i>	<i>England & Wales</i>
<i>1966</i>	11·3	11·5	9·2	15·0	7·9
<i>1967</i>	11·7	11·6	10·3	16·5	8·4
<i>1968</i>	11·7	12·4	11·1	17·4	8·5
<i>1969</i>	12·1		Not yet available		

Stillbirths

There were 260 stillbirths, of these 163 (62·7 per cent) were premature births, a lower proportion than in 1968.

STILLBIRTH RATE per 1,000 (live and still) births 13·50.

This is again a reduction in the rate for the previous year of 14·11.

Total births, live and still, 19,259.

INFANT MORTALITY RATE

Infant deaths under 1 year of age:-

Legitimate	354	Illegitimate	48
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Total infant deaths were 402, 54 less than in 1968, giving a rate of 21·16 per 1,000 live births.

<i>1960</i>	<i>1961</i>	<i>1962</i>	<i>1963</i>	<i>1964</i>	<i>1965</i>	<i>1966</i>	<i>1967</i>	<i>1968</i>	<i>1969</i>
22·6	23·8	22·8	23·6	21·4	22·0	21·2	19·8	22·5	21·2

INFANT MORTALITY IN ZONES OF THE CITY

			1960	1961	1962	1963	1964	1965	1966	1967	1968	1969
Inner	..	..	27	31	30	29	24	31	21	22	31	24
Middle	..	..	22	24	25	26	23	23	24	22	26	25
Outer	..	..	21	22	18	18	19	18	18	17	17	17

Legitimate infant deaths per 1,000 live births

<i>1965</i>	<i>1966</i>	<i>1967</i>	<i>1968</i>	<i>1969</i>
21·2	20·49	19·10	22·44	20·96

Illegitimate infant deaths per 1,000 illegitimate live births

1965	1966	1967	1968	1969
30.00	27.38	25.39	23.12	22.78

EARLY NEONATAL DEATH RATE

(deaths in first 7 days)

1965	1966	1967	1968	1969
12.53	12.18	12.21	12.09	12.32

NEONATAL DEATH RATE

(deaths in first 4 weeks)

1965	1966	1967	1968	1969
14.66	14.23	13.59	15.01	13.74

POST NEONATAL DEATH RATE

(deaths in the 1st year excluding first 4 weeks)

1965	1966	1967	1968	1969
7.38	7.00	6.18	7.50	7.42

PERINATAL DEATH RATE

(Stillbirths plus deaths in the 1st week)

1965	1966	1967	1968	1969
29.63	29.27	28.29	26.23	25.63

INFANT MORTALITY, 1969

<i>Cause of death</i>					<i>Early Neo- natal</i>	<i>7-28 Days</i>	<i>Total Neo- natal</i>	<i>Post Neo- natal</i>	<i>Total Infant Deaths</i>
Meningococcal infection	..	..			—	—	—	1	1
Bronchitis	..	..	..	..	—	—	—	8	8
Pneumonia	..	..	..	..	4	5	9	65	74
Diarrhoea and enteritis	..	..			—	1	1	10	11
Congenital malformations	..	..			44	15	59	30	89
Premature births	..	..	..		114	3	117	—	117
Atrophy, debility, marasmus	..				17	—	17	1	18
Asphyxia, atelectasis	..	..	..		25	1	26	3	29
Injury at birth	..	..	..		23	2	25	1	26
Other causes	..	..	..	..	5	2	7	22	29
All Causes	..	..	..	..	232	29	261	141	402

Maternal Mortality

NUMBER OF DEATHS (abortions 2) 4

RATES per 1,000 live and still births

Including abortions 0·21

Excluding abortions 0·10

MATERNAL DEATHS (excluding abortions)

1959	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969
6	10	4	6	3	8	6	6	6	6	2

Death Rate from all causes was 11·57 per 1,000 population, the total number of deaths being 12,573. This is an increase of 141 compared with the total for 1968, the death rate remaining almost the same at 11·57.

The principal causes of death are set out in the table below:-

	<i>Heart disease</i>	<i>Cancer</i>	<i>Cerebral haemorrhage</i>	<i>Pneumonia Bronchitis Influenza</i>	<i>Arterio- sclerosis and Circulatory disease</i>	<i>Senility</i>	<i>Violence and Suicide</i>
1960	3,708	2,260	1,694	1,411	488	155	611
1961	3,913	2,303	1,678	1,914	500	147	581
1962	3,783	2,323	1,697	1,771	490	125	565
1963	3,737	2,390	1,783	1,661	564	147	647
1964	3,442	2,297	1,640	1,541	616	131	614
1965	3,661	2,460	1,781	1,499	598	93	592
1966	3,584	2,451	1,670	1,794	476	66	619
1967	3,670	2,539	1,811	1,283	425	123	527
1968	3,779	2,608	1,794	1,657	468	63	487
1969	3,880	2,557	1,662	2,037	361	39	524
% of all deaths in 1969	30·86	20·34	13·22	16·20	2·87	0·31	4·17

Of the 524 deaths from violence and suicide, 75 were due to the latter cause.

Coronary disease, Angina as causes of death

1964	Male	1,319	
	Female	811	2,130
1965	Male	1,413	
	Female	862	2,275
1966	Male	1,319	
	Female	842	2,161
1967	Male	1,386	
	Female	822	2,208
1968	Male	1,471	
	Female	980	2,451
1969	Male	1,604	
	Female	980	2,584

Area Comparability Factors

Births 0.99 Deaths 1.15

Crude birth and death rates are not satisfactory rates in themselves for comparative purposes because each area varies in the age and sex structure of its population. In order to make comparisons of birth and death rates between one area and another, the device known as the Area Comparability Factor, which eliminates the age and sex differences of the local populations, is applied by multiplying the local crude rate by the factor. The Adjusted Birth Rate was 17.3 and the Adjusted Death Rate per 1,000 population 13.3.

Cancer

Total deaths from this cause were 2,557, 51 less than in 1968, giving a mortality rate of 2.35 compared with 2.43 for the previous year.

	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969
Deaths ..	2,260	2,303	2,323	2,390	2,297	2,460	2,451	2,539	2,608	2,557
Rate ..	2.07	2.07	2.08	2.14	2.08	2.23	2.22	2.30	2.43	2.35

Deaths from Cancer of the Lung and Bronchus, 1959 - 1969

There were 690 deaths, or 26·98 per cent of the total deaths from cancer, related to the lung and bronchus. Although this shows a reduction of 24 in comparison with the figure for 1968, a significant factor is the further increase in female deaths, which show an almost continuous rise over the past ten years, the figure for 1969 being over 73 per cent higher than that for 1959. There were 335 deaths under 65 years of age of which 318 were in the age group 45 - 64, while 17 were under 45 years.

	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969
Males	476	515	503	496	578	513	562	544	587	612	579
Females	64	66	69	80	76	78	88	89	95	102	111
TOTALS	540	581	572	576	654	591	650	633	682	714	690

Cancer of the digestive organs caused 853 deaths, 433 being men and 420 women. The figure for genital organ cancer was 246, 41 of which were attributed to cancer of the cervix. From breast cancer there were 236 deaths, three of which were males. There were 72 leukaemia deaths.

AGE AT DEATH FROM CANCER OF CERVIX UTERI

Age Group	1967	1968	1969
15 - 19	—	—	—
20 - 24	—	—	1
25 - 29	1	1	—
30 - 34	—	—	1
35 - 39	—	—	1
40 - 44	1	9	2
45 - 49	6	9	5
50 - 54	6	8	3
55 - 59	7	10	11
60 - 64	6	4	5
65 - 69	5	5	6
70 - 74	5	5	1
75+	7	15	5
	44	66	41

Accidents

There were 438 fatal accidents, 212 occurring to males and 226 to females, accounting for 3·5 per cent of all deaths. This represents an increase of 29 on the figure for 1968 and includes fatalities occurring outside the City to Birmingham residents.

Fatal accidents occurring at home amounted to 165 or 37·7 of all accidental deaths; 134 of them involved children under 5 years and adults of 65 years and over.

Deaths from road accidents totalled 148, 116 of these resulting from incidents in Birmingham.

Recent fatal road accident figures are set out in the following table.

1962	1963	1964	1965	1966	1967	1968	1969
130	175	191	193	188	141	141	148

Accidents occurring on the road and in the course of employment were fatal to 69 males and 13 females between the ages of 5 and 45 years.

Accidents to persons of 65 and over caused 226 deaths, being 51·6 per cent of all deaths due to accidents. There were 17 less deaths in this age group than in 1968.

The table below shows the number of people who died in all accidents, classified under various headings.

<i>Type of Accident</i>	<i>(a) Total Deaths</i>	<i>(b) No. in column (a) 65 years and over</i>	<i>(c) (b) as % of (a)</i>
Falls on the same level	156	149	95·5
Falls downstairs	19	11	57·9
Pedestrians killed by motor vehicles ..	72	39	54·2
Other road accidents	76	4	5·3
Coal gas poisoning	6	1	16·7
Burns and electricity	15	8	53·3
Other accidents	94	14	14·9

Column (b) shows "falls on the same level" to be the greatest cause of fatal accidents among the elderly, accounting for 65·9 per cent of them. Pedestrians aged 65 and over involved with motor vehicles resulted in 17·3 per cent of accidental deaths in this age group.

MORTALITY RATES OF LEGITIMATE AND ILLEGITIMATE BABIES

	Stillbirth rate	Early neonatal mortality rate	Perinatal mortality rate	4 weeks neonatal mortality rate	Post neonatal mortality rate	Total infant mortality rate
1969 Legitimate	...	12·25	...	13·73	7·22	20·96
Illegitimate	...	12·81	...	13·76	9·02	22·78
Total ...	13·50	12·32	25·65	13·74	7·42	21·16
1968 Legitimate	...	12·48	...	14·73	7·63	22·44
Illegitimate	...	12·95	26·23	16·65	6·47	23·12
Total ...	14·11	12·09	...	15·01	7·50	22·51
1967 Legitimate	...	11·49	...	12·77	6·33	19·10
Illegitimate	...	18·26	28·29	20·49	4·90	25·39
Total ...	16·27	12·21	...	13·59	6·18	19·78
1966 Legitimate	...	11·71	...	13·68	6·81	20·49
Illegitimate	...	16·16	29·27	18·35	8·53	27·38
Total ...	17·29	12·18	...	14·23	7·00	21·22
1965 Legitimate	...	11·80	...	13·97	7·14	21·12
Illegitimate	...	18·81	29·63	20·60	9·40	30·00
Total ...	17·23	12·53	...	14·66	7·38	22·03
1964 Legitimate	...	11·88	...	13·78	6·74	20·52
Illegitimate	...	18·24	29·80	20·36	8·90	29·26
Total ...	17·47	12·60	...	14·47	6·97	21·44
1963 Legitimate	...	12·30	...	14·45	7·75	22·19
Illegitimate	...	18·93	31·64	22·38	13·34	35·71
Total ...	18·89	12·99	...	15·27	8·33	23·6
1962 Legitimate	...	13·36	...	15·51	6·25	21·76
Illegitimate	...	19·32	32·73	21·51	10·10	31·61
Total ...	19·03	13·97	...	16·12	6·65	22·77
1961 Legitimate	...	14·3	...	16·4	7·1	23·4
Illegitimate	...	17·1	34·4	18·7	9·3	28·0
Total ...	20·15	14·6	...	16·8	7·3	23·9

Where possible rates for illegitimate babies are expressed as a percentage of those for legitimate babies.

CRUDE RATES

Year	BIRTH RATE		STILLBIRTH RATE		INFANT MORTALITY RATE		DEATH RATE	
	B'ham	England & Wales	B'ham	England & Wales	B'ham	England & Wales	B'ham	England & Wales
1901	31·4	27·2 <i>is mean for 1901—1910</i>			176	151	17·5	16·9
1911	26·1	24·4			150	130	15·0	14·6
1921	24·1	22·4	35·0		83	83	11·3	12·1
1931	16·9	15·8	39	41	71	66	11·7	12·3
1936	15·8	14·8	35	40	62	59	11·3	12·1
1941	16·8	13·9	29	35	69	60	13·2	13·5
1946	22·5	19·2	25·6	27	40	42·8	11·3	12·0
1951	16·5	15·5	22·2	23	30	29·6	11·4	12·5
1953	16·6	15·6	22·9	23	24·6	23·7	10·9	11·7
1957	17·1	16·1	21·5	22	24·6	23·1	11·2	11·5
1958	17·6	16·4	22·0	22	25·0	22·5	11·0	11·7
1959	17·7	16·5	21·1	21	25·4	22·2	11·6	11·6
1960	19·0	17·0	19·9	20	22·6	21·8	11·0	11·5
1961	19·5	17·6	20·1	19	23·8	21·4	11·4	12·0
1962	20·0	18·0	19·0	18	22·8	21·7	11·1	11·9
1963	20·0	18·2	18·9	17	23·6	21·1	11·3	12·2
1964	20·2	18·4	17·5	16	21·4	19·9	10·7	11·3
1965	19·6	18·0	17·2	16	22·0	19·0	11·1	11·5
1966	19·1	17·7	17·3	15	21·2	19·0	11·1	11·7
1967	19·1	17·2	16·3	15	19·8	18·3	10·8	11·2
1968	18·8	16·9	14·1	14	22·5	18·3	11·6	11·9
1969	17·49	16·3	13·5	13	21·2	18·0	11·6	11·8

VITAL STATISTICS DURING 1969 AND PREVIOUS YEARS

YEAR	Population of each year Estimated to middle	INFANT DEATH RATES PER 1,000 LIVE BIRTHS							Mort. rates per 1,000 live and still births			DEATH RATES PER 1,000 OF POPULATION FROM:—											
		Infant Mortality	Early Neonatal (first week)	Neonatal (first month)	Post-neonatal (1—12 months)	Congenital Defect, Malformations, etc. (under 1 year)	Diphtheria and Enteritis (under 2 yrs)	Stillbirths	Perinatal †	Maternal (including abortions)	Influenza	Tuberculosis		Cancer	Diseases of Nerves System	Diseases of Respiratory System	Diseases of Digestive System	Diseases of Genito- Urinary System	Suicides	Other Violence			
												Deaths	Births										
1930	982,000	60	20.8	28.7	31.4	30.6	7.6	38.0	58.0	3.25	.13	.90	.13	1.43	0.88	2.57	1.32	.60	.44	.15	.40		
1931	1,011,300	70	21.9	31.4	39.8	33.6	10.7	33.2	54.4	3.65	.41	.91	.13	1.35	0.96	2.43	1.78	.69	.45	.15	.38		
1932	1,017,500	71	25.3	32.7	39.2	34.6	8.7	39.3	63.6	3.66	.27	.92	.14	1.46	0.77	2.90	1.61	.62	.45	.15	.35		
1933	1,023,500	67	24.8	32.7	34.7	33.6	7.8	35.0	59.0	3.60	.36	.83	.14	1.45	0.87	2.73	1.47	.59	.45	.19	.35		
1934	1,028,000	66	22.6	30.8	35.5	33.7	7.8	37.8	59.5	3.57	.44	.85	.11	1.43	0.70	2.94	1.32	.61	.40	.17	.38		
1935	1,035,000	68	25.8	32.6	35.1	35.0	8.7	35.7	60.6	3.68	.18	.71	.08	1.43	0.78	3.04	1.26	.67	.44	.16	.38		
1936	1,038,000	64	24.9	33.4	30.9	36.3	7.7	33.3	57.4	3.40	.15	.71	.08	1.52	0.72	3.14	1.09	.62	.46	.13	.40		
1937	1,042,000	67	24.7	32.3	35.1	34.6	8.1	36.2	60.0	3.58	.28	.80	.10	1.46	0.76	2.95	1.35	.62	.44	.16	.38		
1938	1,043,000	62	24.1	29.8	32.5	32.8	5.4	34.8	58.0	3.53	.13	.71	.07	1.57	0.68	3.43	1.22	.62	.45	.12	.38		
1939	1,048,000	61	20.7	26.7	34.5	28.5	12.5	34.7	41.3	2.95	.40	.72	.08	1.62	0.73	3.40	1.40	.56	.45	.15	.39		
1940	1,055,000	60	21.0	26.3	32.8	29.1	13.7	36.0	56.0	2.48	.16	.77	.07	1.55	0.67	3.65	1.16	.45	.39	.15	.36		
1941	1,020,000	70	19.6	28.5	41.2	28.2	12.1	32.8	51.7	2.21	.22	.77	.07	1.61	0.31	3.31	2.21	.55	.46	.14	.42		
1942	950,000	63	21.9	28.5	34.0	30.3	9.8	34.6	53.0	2.77	.21	.73	.07	1.59	0.80	3.45	1.43	.56	.44	.14	.38		
1943	965,000	69	20.5	29.1	39.9	26.4	11.3	29.1	49.0	2.49	.15	.81	.09	1.70	1.30	3.10	1.94	.72	.45	.12	.44		
1944	980,000	55	17.9	25.7	29.3	25.4	9.8	28.4	48.0	2.34	.10	.77	.09	1.77	1.34	3.02	1.51	.64	.43	.11	.37		
1945	990,000	42	15.4	22.5	29.8	21.7	6.1	27.4	44.8	1.69	.34	.71	.07	1.83	1.32	3.02	1.73	.46	.45	.11	.34		
1946	1,017,100	50	17.0	22.5	26.5	22.3	7.8	24.5	39.6	1.34	.11	.74	.09	1.75	1.29	3.15	1.40	.43	.42	.08	.32		
1947	1,076,230†	40	17.3	22.1	17.9	20.6	8.8	26.8	41.5	1.41	.06	.68	.07	1.84	1.32	3.14	1.44	.44	.43	.10	.27		
1948	1,096,100†	41	15.9	20.9	19.8	20.9	8.8	25.6	42.2	0.95	.11	.61	.07	1.90	1.32	3.36	1.37	.44	.36	.12	.30		
1949	1,086,800†	1.13	16.3	18.0	13.6	17.8	3.2	21.8	37.7	0.98	.08	.64	.05	1.83	1.34	3.34	1.48	.36	.34	.11	.27		
1950	1,117,900†	1.12	15.0	17.7	13.1	18.3	3.2	21.7	30.4	0.49	.09	.54	.05	1.75	1.25	3.52	1.34	.35	.29	.12	.27		
1951	Average	0.96	16.4	18.2	10.8	18.9	4.4	23.2	36.0	0.73	.10	.56	.05	1.84	1.28	3.38	1.32	.36	.32	.12	.28		
1952	1,110,900†	0.96	15.9	19.2	15.1	19.3	1.6	23.2	37.6	0.75	.26	.35	.03	1.82	1.43	3.79	1.54	.42	.25	.12	.23		
1953	1,118,500†	0.96	15.6	17.6	9.2	17.5	1.1	19.6	33.3	0.80	.03	.25	.02	1.90	1.46	3.46	1.12	.39	.22	.11	.31		
1954	1,117,700†	0.94	14.4	18.0	8.1	18.0	1.1	23.5	37.9	0.58	.15	.24	.01	2.00	1.51	3.40	1.29	.36	.24	.12	.28		
1955	1,111,700†	0.94	13.8	16.8	7.4	17.2	0.8	21.6	35.1	0.80	.03	.20	.01	2.05	1.64	3.44	1.15	.40	.25	.12	.28		
1956	Average	0.94	16.4	10.8	16.3	17.4	0.8	23.0	35.7	0.32	.08	.19	.01	2.06	1.68	3.67	1.28	.39	.20	.12	.26		
1957	1,110,800†	0.94	15.8	17.6	8.5	17.5	1.1	22.0	35.3	0.65	.11	.25	.02	1.97	1.56	3.55	1.28	.39	.23	.12	.31		
1958	1,103,000†	0.94	15.8	17.6	7.0	17.9	0.3	22.9	37.4	0.63	.03	.14	.01	2.08	1.55	3.46	1.29	.38	.21	.13	.31		
1959	1,095,000†	0.95	16.0	17.9	7.1	18.5	0.3	21.5	37.0	0.40	.14	.12	.01	2.20	1.54	3.73	1.31	.37	.23	.14	.36		
1960	1,091,500†	0.95	15.8	18.0	7.4	18.0	0.6	22.0	37.8	0.40	.04	.13	.01	2.10	1.75	3.78	1.34	.35	.19	.13	.37		
1961	1,093,160†	0.95	14.4	16.0	6.6	17.2	0.6	21.1	36.6	0.36	.06	.26	.09	2.17	1.68	4.0	1.63	.34	.21	.12	.36		
1962	Average	0.95	15.4	17.2	7.0	18.3	0.6	19.9	34.0	0.52	.03	.07	.01	2.07	1.67	3.90	1.63	.37	.22	.12	.42		
1963	1,110,290†	0.95	14.6	16.6	7.7	18.0	1.1	21.4	38.6	0.43	.09	.11	.01	2.13	1.64	3.76	1.33	.38	.21	.13	.40		
1964	1,115,680†	0.95	14.0	16.1	6.7	16.8	1.2	19.0	39.7	0.48	.06	.07	.01	2.07	1.63	4.01	1.53	.34	.18	.11	.39		
1965	1,106,040†	0.99	13.7	15.3	8.3	15.6	1.4	18.9	31.6	0.22	.03	.07	.01	2.08	1.64	3.89	1.64	.34	.21	.12	.43		
1966	1,102,660†	0.99	12.6	14.5	7.4	15.1	1.6	17.2	29.8	0.40	.03	.06	.00	2.03	1.71	3.67	1.35	.35	.21	.11	.45		
1967	Average	0.99	13.3	15.4	7.3	16.0	1.5	16.6	31.6	0.36	.04	.04	.00	2.23	1.74	3.86	1.35	.33	.23	.09	.44		
1968	1,102,570†	0.99	12.2	14.2	7.0	14.1	0.9	17.3	29.3	0.28	.06	.06	.00	2.12	1.77	3.71	1.5	.35	.23	.11	.43		
1969	1,074,940†	0.99	12.2	13.6	6.2	13.5	0.6	16.3	28.3	0.37	.02	.04	.00	2.24	1.65	3.77	1.56	.31	.21	.11	.46		
1970	1,086,400†	0.99	12.1	13.0	7.5	15.4	1.2	14.1	26.2	0.29	.06	.04	.00	2.43	1.82	3.95	1.56	.30	.18	.06	.41		
1971	1,086,400†	0.99	12.3	13.7	7.4	14.7	1.7	13.5	25.6	0.21	.10	.02	.00	2.35	1.68	3.90	1.56	.30	.17	.04	.41		

Up to 1956 was still births plus deaths in first four weeks per 1,000 live and still births. Beginning in 1956 only deaths in first week have been included.

*Exclusive of General Paralysis †Registrar General's Estimate

BIRTH, DEATH AND INFANT MORTALITY RATES IN WARDS, 1969

WARDS	Estimated Population	BIRTHS			TOTAL DEATHS			INFANT DEATHS	
		Number	Rate per 1,000 Population	Illegitimacy % of live births	Number	Rate per 1,000 Population	Number	Rate per 1,000 live births	Rate per 1,000 live births
Aston	22,000	624	28.4	88	258	11.7	9	14.4	14.4
Deritend	22,500	646	28.7	107	275	12.2	15	23.2	23.2
Duddleston ...	22,800	570	25.0	93	219	9.6	15	26.3	26.3
Ladywood	11,500	167	14.6	25	158	13.9	4	23.9	23.9
Newtown	11,700	219	18.7	33	168	14.4	11	50.2	50.2
Totals and Average Rates for Central Wards ...	90,400	2,226	24.6	346	1,078	11.9	54	24.3	24.3
All Saints	18,000	500	27.8	72	277	15.4	14	28.0	28.0
Edgbaston	26,400	438	16.6	72	285	10.8	13	29.7	29.7
Gravelly Hill ...	27,400	563	20.5	81	403	14.7	13	23.1	23.1
Handsworth	30,100	789	26.2	135	327	10.9	17	21.5	21.5
Moseley	28,900	616	21.3	93	351	12.1	7	11.4	11.4
Rotton Park	20,100	561	27.9	98	472	23.5	17	30.3	30.3
Satley	27,500	534	19.4	56	318	11.6	18	33.7	33.7
Selly Oak	27,400	385	14.1	37	422	15.4	2	5.2	5.2
Small Heath	28,900	688	23.8	92	314	10.9	19	27.6	27.6
Soho	26,800	964	36.0	128	299	11.2	19	28.0	28.0
Sparkbrook	25,800	710	27.5	114	308	11.9	22	31.0	31.0
Sparkhill	29,600	702	23.9	92	343	11.6	18	25.5	25.5
Washwood Heath ...	28,500	451	15.8	48	346	12.1	12	26.6	26.6
Totals and Average Rates for Middle Ring Wards	345,400	7,906	22.9	1,118	4,465	12.9	199	25.2	25.2
Acocks Green	28,500	450	15.8	34	363	12.7	9	20.0	20.0
Billesley	29,600	330	11.1	30	340	11.5	9	27.3	27.3
Brandwood	36,800	527	14.3	31	473	10.1	9	17.1	17.1
Erdington	41,800	663	15.9	57	412	9.9	10	15.1	15.1
Fox Hollies	25,800	281	10.9	28	363	14.1	9	32.0	32.0
Hall Green	29,900	328	11.0	11	383	12.8	8	24.4	24.4
Harborne	26,400	293	11.1	28	347	13.1	4	13.6	13.6
Kingsstanding ...	24,400	243	10.0	16	351	14.4	1	4.1	4.1
Kings Norton ...	34,800	609	17.5	32	370	10.6	6	9.8	9.8
Longbridge	33,700	492	14.6	46	441	13.1	8	16.3	16.3
Northfield	37,000	564	15.2	38	294	7.9	7	12.4	12.4
Oscott	26,400	335	12.7	12	227	8.6	5	14.9	14.9
Perry Barr	25,600	370	14.4	13	317	8.5	5	13.5	13.5
Quinton	25,500	301	11.8	15	218	12.4	6	19.9	19.9
Sandwell	30,300	496	16.4	63	313	10.3	13	26.2	26.2
Shard End	39,700	598	15.1	38	361	9.1	12	20.1	20.1
Sheldon	27,900	374	13.4	24	282	9.4	8	21.4	21.4
Stechford	26,800	366	13.7	37	267	10.7	6	16.4	16.4
Stockland Green ...	30,500	385	12.6	32	336	11.0	8	20.8	20.8
Weoley	40,000	505	12.6	27	349	8.7	1	2.0	2.0
Yardley	29,200	351	12.0	28	298	10.2	3	8.5	8.5
Totals and Average Rates for Outer Ring Wards	650,600	8,861	13.6	640	7,005	10.8	147	16.6	16.6
Ward of Domicile not known	—	6	—	3	25	—	2	—	—
Total and Average Rates for Whole City	1,086,400	18,999	17.49	2,107	12,573	11.57	402	21.16	21.16

CAUSES OF DEATH AT DIFFERENT AGE PERIODS DURING 1969

No.	Cause of Death	Sex	AGES AT DEATH							All Ages		
			0—	1—	2—	5—	15—	25—	45—		65—	75—
1	Typhoid & Paratyphoid Fever...	M.	—	—	—	—	—	—	—	—	—	—
1A	Smallpox	F.	—	—	—	—	—	—	—	—	—	—
2	Measles	M.	—	—	—	—	—	—	—	—	—	—
3	Scarlet Fever	M.	—	—	—	—	—	—	—	—	—	—
4	Whooping Cough	F.	—	—	—	—	—	—	—	—	—	—
5	Diphtheria	F.	—	—	—	—	—	—	—	—	—	—
6	Influenza	F.	—	—	—	—	—	—	—	—	—	—
6A	Poliomyelitis incl. Polio Encephalitis	M.	—	—	—	—	—	—	—	—	—	—
7	Acute Infectious encephalitis incl. Encephalitis Lethargica	F.	—	—	—	—	—	—	—	—	—	—
8	Meningococcal Infections incl. Cerebrospinal Fever	M.	—	—	—	—	—	—	—	—	—	—
9	Tuberculosis of Respiratory System	M.	—	—	—	—	—	—	—	—	—	—
10A	Tubercular Meningitis	M.	—	—	—	—	—	—	—	—	—	—
10B	Tuberculosis of the Abdomen	F.	—	—	—	—	—	—	—	—	—	—
10C	Tuberculosis of Spinal Column	M.	—	—	—	—	—	—	—	—	—	—
10D	Tuberculosis of Joints	M.	—	—	—	—	—	—	—	—	—	—
10E	Disseminated Tuberculosis	M.	—	—	—	—	—	—	—	—	—	—
10F	Tuberculosis of Glands and other parts	F.	—	—	—	—	—	—	—	—	—	—
11	Syphilis	M.	—	—	—	—	—	—	—	—	—	—
12	General Paralysis of Insane, Tabes Dorsalis	M.	—	—	—	—	—	—	—	—	—	—
13A	Cancer of Buccal Cavity & Pharynx	F.	—	—	—	—	—	—	—	—	—	—
13B	" Digestive Organs & Peritoneum	M.	—	—	—	—	—	—	—	—	—	—
13C	Respiratory Organs	M.	—	—	—	—	—	—	—	—	—	—
13D	Genital Organs	F.	—	—	—	—	—	—	—	—	—	—
13E	Breast	M.	—	—	—	—	—	—	—	—	—	—
13F	Urinary Organs	M.	—	—	—	—	—	—	—	—	—	—
13G	Skin	M.	—	—	—	—	—	—	—	—	—	—
13H	Other Organs	M.	—	—	—	—	—	—	—	—	—	—
14	Diabetes	M.	—	—	—	—	—	—	—	—	—	—

EPIDEMIOLOGY

Chickenpox (varicella)

On 4th June, 1969 a 40 year old man died from chickenpox (confirmed by electron microscopic identification of the virus).

Diphtheria

The year 1969 was again notable for the absence of any cases of diphtheria. The following table shows the incidents in recent years.

<i>Year</i>	<i>Cases</i>	<i>Deaths</i>	<i>Immunisation state</i>
1961	2	1	Never immunised.
1962	1	0	Mild case overdue for re-inforcing injection.
1966	4*	1	The child who died had only had 3 injections and no booster dose.

*No record of immunisation in one case. One had been immunised in infancy and the other had had three injections and was given a booster dose when the first case was notified.

During the years 1963, 1964, 1965, 1967, 1968 and 1969 no cases occurred.

Dysentery

During the year 554 notifications of dysentery were made to the Department; 95 by hospitals, 95 by the Public Health Laboratory Service and 364 by general practitioners. Four of these were reclassified leaving 550 cases recorded by the Department as confirmed clinically, bacteriologically or by both methods. (In 1968 the Department recorded 412 similarly confirmed cases).

For age and sex distribution see page 56

The seasonal incidence (with 1968 figures in brackets) was as follows:-

<i>1st Quarter</i>	<i>2nd Quarter</i>	<i>3rd Quarter</i>	<i>4th Quarter</i>
133 (93)	178 (103)	163 (116)	76 (100)

Faecal specimens were examined in 201 cases and in 135 of these dysentery organisms were found. The distribution of the 135 bacteriologically confirmed cases by species and season was as follows:-

	<i>1st Quarter</i>	<i>2nd Quarter</i>	<i>3rd Quarter</i>	<i>4th Quarter</i>	<i>Totals</i>
<i>Shigella sonnei</i>	37	58	8	7	110
<i>Shigella flexneri</i>	4	5	14	2	25
TOTALS	41	63	22	9	135

Four institutional outbreaks came to our notice during the year.

In March an outbreak of dysentery occurred at a home for the training of problem families. Faecal specimens were taken from 63 resident trainees, day trainees and members of the staff of the home. Of these, 17 were positive for *Shigella sonnei*. The outbreak led to a detailed consideration of the management of the home in which the authorities of the home co-operated most willingly.

In April there was an outbreak of *sonnei* dysentery at a short stay unit for mentally subnormal children. Faecal specimens were taken from 26 inmates and members of the staff: four were positive for *Shigella sonnei*.

In May, diarrhoea occurred at a day nursery. Specimens were obtained from 11 children and nine members of the staff who were affected and four, all from children, were positive for *Shigella sonnei*.

In September there was an outbreak of *flexner* dysentery at a residential nursery. Faecal specimens were taken from 44 children and members of the staff: 13 were positive for *Shigella flexneri* serotype 3A: a specimen from one child was additionally positive for *Salmonella derby*. This outbreak accounted for approximately half the bacteriologically confirmed cases of *flexner* dysentery occurring in the City during the year. Clinically, the outbreak was indistinguishable from an outbreak of *sonnei* dysentery.

Encephalitis

(a) INFECTIVE ENCEPHALITIS

Six unrelated cases (presumably of virus origin), all of whom died, were notified during 1969. Their ages were:-

Males: 10 months, 6 yrs., 19 yrs., 19 yrs., 65 yrs.,
Female: 49 yrs.,

(b) POST INFECTIOUS ENCEPHALITIS, i.e. encephalitis associated with an infectious disease, was notified three times during the year. Details of these cases are as follows:-

<i>Sex and Age</i>	<i>Initial Infection</i>	<i>Outcome</i>
Female 6 yrs.	Influenza	Recovered
Female 49 yrs.	Influenza	Recovered
Female 63 yrs.	Influenza	Recovered

(c) A boy of two years developed encephalitis. It was noted that he had been sleepy since vaccination with the third doses of oral poliomyelitis vaccine and triple antigen. The three doses of antigens were given on 1st February, 1967, 2nd August, 1968 and 7th February, 1969. It was on 17th February, 1969 when he was admitted to hospital. At this time the child looked ill, was vomiting and unsteady on his feet, moderately dehydrated, drowsy and resenting examination. There was left external rectus palsy, nystagmus on looking to the left and a left hemiparesis including the arm, face and neck. Lumbar puncture fluid was normal. Virus studies on stool and C.S.F. were negative. Recovery was good and already almost complete by 17th March, 1969.

It was the plain vaccine that was used for this child, the alum containing vaccine not having come into use at the time.

Encephalopathy. Lead Poisoning

A three year old girl died on 17th April, 1969 in hospital from lead encephalopathy. The property in which her family occupied two rooms was old and dilapidated, and her father carried out his own repairs including repainting of doors and window frames. The play space was obviously restricted and the children had no toys and merely played with household utensils. The three year old child who died was small, very quiet, with a poor appetite, and her father stated she had, over the past three months, been chewing wood and wallpaper.

Food Poisoning and Salmonella Infection

The diagnosis of food poisoning was accepted in 295 cases during 1969. These were distributed as follows:-

<i>1st Quarter</i>	<i>2nd Quarter</i>	<i>3rd Quarter</i>	<i>4th Quarter</i>	<i>Total</i>
118 (8)	24 (2)	*41 (52) *2 deaths	112 (92)	295 (154)

The figures in brackets refer to 1968.

The following is a summary of the outbreaks and single cases which occurred:—

An outbreak is defined as a situation where all the cases either probably or certainly are derived from a single contamination or infecting source.

	Outbreaks 14	Cases 222
<i>Outbreaks due to identified agents</i>		
Salmonella virchow	1 family	2
Salmonella enteritidis	1 family	5
Salmonella anatum	1 family	2
Salmonella stanley	1 family	2
Clinically cl. welchii	2 groups other than family	27
Staph aureus	1 family	2
Most probably B.Coli Type 1	1 family	3
<i>Outbreaks of undiscovered cause</i>	3 groups other than a family	171
	2 families	5
<i>Outbreaks not associated with food poisoning i.e. not food borne</i>		
	1	3
<i>Single Cases</i>		
Agents identified 65	Unknown 8	Total 73
<i>Organism</i>		<i>No. of cases</i>
Salmonella typhimurium		8
„ virchow		3
„ enteritidis		11
„ anatum		2
„ stanley		5
„ stanleyville		2
„ brandenburg		2
„ tennessee		1
„ panama		14
„ livingstone		1
„ colindale		1
„ westerstede		1
„ newport		1
„ derby		3
„ heidelberg		2
„ thompson		1
„ bredeney		1
„ st. paul		2
„ mission		1
„ not known		1
<i>Not associated with food</i>		
Salmonella bareilly		1
„ 4.12.d.		1

OUTBREAKS

222 cases were associated with 14 outbreaks.

Despite careful investigations which were made in regard to two family outbreaks, the cause was not known.

Salmonella anatum was isolated from two members of a family who were ill on their arrival in England from a holiday abroad.

Home made soup was suspected as being the cause of a family outbreak which affected five members.

Two members of a family of four, who had recently returned from a caravan holiday, were taken ill and were found to be suffering from *Salmonella virchow*, one case being admitted to hospital.

On 18th August, 1969 a 70 year old woman was taken ill with severe diarrhoea and vomiting and she was admitted to hospital on 20th August, 1969 where she died from a *Salmonella stanley* infection. On investigation it was found that another person in the house had been similarly affected, and she too was found to be suffering from a *Salmonella stanley* infection but to a much milder degree.

After eating crab paste two persons were taken violently ill with diarrhoea, vomiting and colicky abdominal pains, and were admitted to hospital. *Staph. aureus* was isolated from the crab paste, and this was thought to be most probably the cause of their illness.

Three persons out of a family of six who ate sausage were taken ill with mild diarrhoea approximately 6 to 7 hours after eating the food in question. *Bact. Coli. Type 1* was isolated from the remains of the sausage.

Roast beef was suspected as the cause of an outbreak affecting eight persons who were taken ill with acute diarrhoea on 13th/14th January, 1969—eight to twenty-two hours after partaking of a meal in a small works canteen. The beef was pre-cooked on Friday, 10th January, and re-heated and eaten for lunch on 13th January, 1969. This, however, was a late notification, but clinically it was suggestive of a *clostridium welchii* infection—re-heated beef probably being the cause of the outbreak.

Thirty-three persons were taken ill with diarrhoea during the late evening of 16th/17th January. The outbreak occurred in an institution and minced beef was thought to be the cause of the illness. Two freshly opened tins of corned beef were minced with a small amount of gravy from the stock pot and cooked for some $1\frac{1}{4}$ hours, then served immediately onto the plates to which

vegetables etc. were added, after which they were put on a conveyor belt to be loaded onto pre-heated trollies. Swabs from the meat mincer and the blade of the bacon slicer contained bact. coli type I: Staph. pyogenes was isolated from the meat mincer. Kitchen hygiene and discipline, however, needed much improvement together with the need to maintain prepared meals at a sufficiently high temperature.

Following a student's ball, held at a hotel on 20th March, 1969 sixty persons out of approximately 300 were affected, all of whom had partaken of the salmon mayonnaise from the prepared buffet. The salmon was delivered on 18th March, cooked on 19th March; the mayonnaise consisting of fresh egg yolkes, salad oil, mustard and salt and pepper, was prepared on 19th March—it was then refrigerated until 20th March. Faecal specimens from some of those affected and from 21 food handlers all gave negative results. No samples of food were taken as none was left. The outbreak, however, was suggestive of a *Salmonella* infection. Conditions pertaining to the food preparation and service fell below the standard of cleanliness.

At an institution for the chronically sick 78 out of 550 patients were taken ill approximately $4\frac{1}{2}$ to 9 hours after partaking of a meal, the symptoms being mainly diarrhoea. The cause of the outbreak, which was mild, was not known.

On 9th October an outbreak affecting 19 people occurred approximately 6 – 12 hours after partaking of a canteen meal consisting of roast pork. It was found on investigation that two large joints of pork each weighing 24 lbs. were delivered on 8th October, partly cooked that day, cooled and placed in the refrigerator over night. On 9th October slices were placed on cold plates and put in a hot cabinet for a period of 20 to 30 minutes before the first sitting (150 meals served). The mode of preparation plus the fact that the joints were thought to be too large to be cooked in this manner, and the possible presence of *Cl. Welchii*, were held responsible for this outbreak.

An outbreak of *Salmonella panama* affecting three patients on a children's ward occurred during November, 1969 and was considered to be a "person to person" infection. Out of 50 persons examined 5 were found to be symptomless excretors of *Salmonella panama*. The father of one of the patients was also found to be a symptomless excretor of *Salmonella panama* and there was every possibility that this child arrived at the institution incubating the infection. The spread was most probably helped by a faulty bed pan washer which sometimes overflowed onto the floor—*Salmonella panama* organisms being isolated from a gully below the faulty washer.

SINGLE CASES

Salmonella panama and Salmonella enteritidis accounted for 14 and 11 respectively of the sporadic cases. Out of the 41 confirmed cases which occurred during the third quarter 11 persons acquired their salmonella infection abroad i.e.

Salmonella st. paul	..	..	1	Salmonella typhimurium	..	1
„ anatum	..	..	1	„ virchow	..	1
„ brandenburg	..	..	1	„ heidelberg	..	1
„ panama	..	..	1	„ collindale	..	1
„ bredeney	..	..	1	No pathogens isolated	..	1
„ thompson	..	..	1			
TOTAL			..	..	..	11

Food was not considered to be the source of infection in the following two single cases:—

(1) A three day old baby suffering from a Salmonella 4.12.D. infection. The mother was found to be a carrier of the same infection.

(2) *A seventeen day old Asian baby was taken ill on 14th August, 1969 with severe gastro enteritis; Salmonella bareilly was isolated from the faeces. On investigation of the home conditions it was found that an Asian woman living in the same house was also a carrier of Salmonella bareilly organisms.

DEATHS

Two deaths occurred i.e. *a seventeen day old baby from Salmonella bareilly (not food borne), and a seventy year old woman from Salmonella stanley, (see details on page 34).

INFECTIVE JAUNDICE (Public Health (Infective Jaundice) Regulations, 1968).

These regulations came into operation on the 15th June, 1968, their purpose being to give some indication of the extent and incidence of infective jaundice. Jaundice has been notifiable since 1943 in certain eastern areas of England, and in nearly eighty local authority districts, infective hepatitis has been notifiable under local orders.

During 1969, 393 notifications have been received, and from these figures it would appear that this is a fairly common condition. Infective jaundice is

thought to have an incubation period of from fifteen to forty days, to be of viral origin and to spread from person to person by close association. The following table shows the age and sex distribution:—

	0	1—2	2—4	5—9	10—14	15—19	20—24	25—34	35—44	45—54	55—64	65—74	75+	Total
Males	—	1	18	57	36	18	30	20	18	4	9	1	—	212
Females	—	—	13	46	33	24	23	14	10	4	6	6	2	181

There were two deaths. One was a 7 year old boy who was admitted to hospital on 28th January. The history of his illness began 10 days earlier when his mother noticed that he was slightly jaundiced. At this stage there were no further symptoms but 24 hours before admission he began to vomit. He eventually went into a coma and despite intensive treatment, he relapsed on 11th February, became comatosed and died on 17th February. A post-mortem was performed and the liver was found to be necrotic and much shrunken. The final diagnosis was infective hepatitis with liver atrophy. No other members of his family had been ill.

The second death was that of a 65 year old woman who died on 20th February, 1969 from infective hepatitis.

Notification also includes the less common so-called serum hepatitis, the incubation period of which is usually 60 to 160 days. Transmission is invariably by injection and a history of blood transfusion, tattooing, injection or inoculation within the incubation period may suggest this diagnosis.

During 1969 three such cases occurred, one of whom died.

A 26 year old man was admitted to hospital on 16th June. He was discharged on 2nd August when it was thought that his illness was possibly serum hepatitis, there having been a history of mis-use of drugs including intravenous injections. Also one of his associates had suffered from jaundice several months previously.

In December a 35 year old West Indian woman was admitted to hospital with a severe jaundice. Three months previously she had given birth to a child and following delivery had suffered a severe haemorrhage which required a transfusion of 9 pints of blood. In view of the history of blood transfusion three months previously it was felt likely that her initial illness was serum hepatitis.

An open verdict was made upon a 39 year old man who died on the 14th March, 1969. He had been admitted to hospital in December, 1968, with a severe haematemesis and was operated upon. He apparently made a reasonably satisfactory recovery and was eventually discharged from the hospital on the 7th February, 1969. However, on the 13th March, 1969, he was readmitted having been brought into the hospital unconscious by the police. He was found to be jaundiced and a diagnosis of hepatic coma secondary to serum hepatitis was made. He failed to respond to treatment and died 24 hours after admission. The clinical diagnosis was serum hepatitis, probably contracted during the blood transfusion received in December, 1968.

Influenza

In December, 1969 a sudden and widespread outbreak of respiratory infection developed immediately before Christmas. Many new cases arose during the Christmas holiday, and this was the commencement of an epidemic which persisted during the early part of 1970.

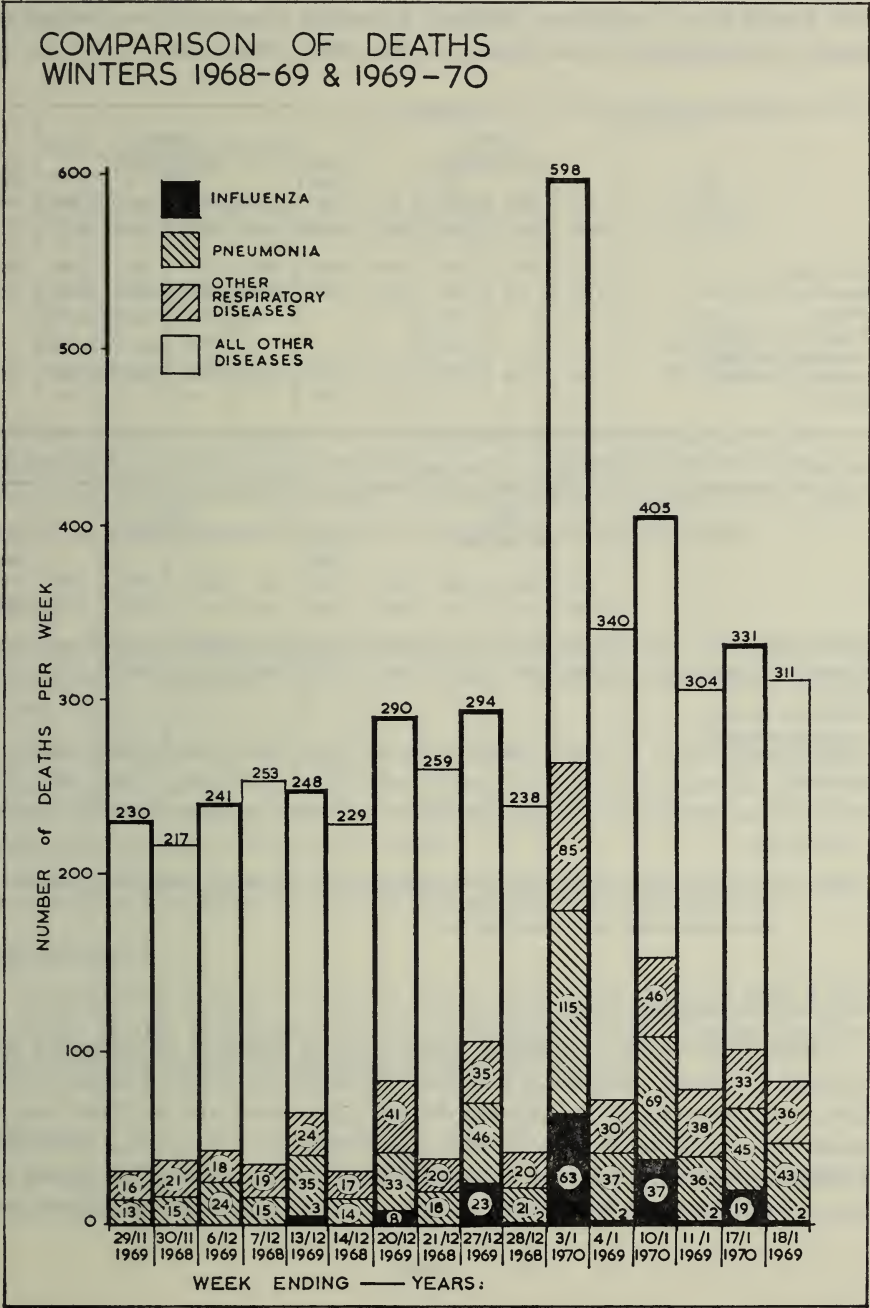
Ninety-seven deaths occurred which were attributed to influenza, and these were in the following weeks:-

Week ending 13th December, 1969	3 deaths
Week ending 20th December, 1969	8 deaths
Week ending 27th December, 1969	23 deaths
Week ending 3rd January, 1970	63 deaths
	<hr/>
	97 deaths
	<hr/>

The following first claims for sickness benefit were made to the Department of Health and Social Security by Birmingham residents.

<i>December</i>	<i>1968/69</i>	<i>1969/70</i>
First week	4,625	4,673
Second week	4,216	5,891
Third week	4,205	8,157
Fourth and Fifth weeks (two weeks)	7,112	20,240
<i>January,</i>		
First week	8,433	17,211
Second week	8,466	10,336

The graph compares deaths from influenza, pneumonia, other respiratory diseases, and all other diseases during the winters of 1969/70 and 1968/69.



The following table shows the comparison between total deaths as compared with deaths from respiratory diseases (including pneumonia, excluding influenza) and influenza for the winters of 1966, 1967, 1968, 1969.

	1969 DECEMBER				JAN 1970	1968 DECEMBER				JAN 1969
	1st week	2nd week	3rd week	4th week	1st week	1st week	2nd week	3rd week	4th week	1st week
TOTAL DEATHS	241	248	290	294	598	253	229	259	238	340
DEATH RATE PER 1,000	11.7	12	14.0	14.2	28.9	11.9	10.8	12.2	11.2	16.0
DEATHS:—										
Respiratory diseases (including pneumonia excluding influenza)	42	59	74	81	200	34	31	38	41	67
INFLUENZA	0	3	8	23	63	0	0	0	2	2

	1967 DECEMBER				JAN 1968	1966 DECEMBER				JAN 1967
	1st week	2nd week	3rd week	4th week	1st week	1st week	2nd week	3rd week	4th week	1st week
TOTAL DEATHS	260	242	278	301	392	231	233	219	255	246
DEATH RATE PER 1,000	12.3	11.4	13.1	14.2	18.5	10.9	11	10.3	12	11.6
DEATHS:—										
Respiratory diseases (including pneumonia excluding influenza)	49	35	48	62	114	35	29	31	35	35
INFLUENZA	1	0	0	6	14	1	1	0	0	0

January 1968.

Note:— The total deaths in the 2nd and 3rd weeks of January were 372 and 381. Respiratory deaths were 79 and 94 respectively. Influenza accounted for 15 deaths in the 2nd week and 9 in the 3rd. Thereafter the figures were normal for the time of the year.

VACCINATION AGAINST INFLUENZA

During the winter of 1968/69, when a major epidemic of influenza was expected, influenza vaccination was made available to certain groups of staff. There was, however, little influenza during that winter and so there was no means of knowing whether vaccination was effective or not. During the winter of 1969/70 there was, however, a substantial epidemic of influenza due to the same type of virus, A2 Hong Kong variant, as was expected the previous year.

The following table shows the influenza experiences of midwives and ambulance crews during the winter of 1969/70, in relation to whether or not they were vaccinated a year previously.

	<i>Midwives</i>	<i>Ambulance Crews</i>
<i>Forms returned by persons vaccinated 1968/9</i>	26	69
Had influenza 1969/70	9 (35%)	16 (23%)
Off work with influenza 1969/70	5 (19%)	14 (20%)
<i>Forms returned by persons not vaccinated 1968/69</i>	52	169
Had influenza 1969/70	19 (37%)	49 (29%)
Off work with influenza 1969/70	12 (23%)	48 (28%)

These figures are suggestive that influenza vaccination in the winter of 1968/69 did not protect against the disease when a challenge with the influenza virus was encountered during 1969/70, and similarly they suggest that vaccination did not lead to a reduction in working time lost through influenza.

Leprosy

There were 18 registered cases of leprosy, all non-infectious, resident within the City at the beginning of the year. Three of these left Birmingham during the year.

One Birmingham resident, who had formerly lived in India, was notified during the year as suffering from dimorphous (intermediate) leprosy. Biopsies during treatment were negative for bacilli and he was considered suitable for out-patient treatment and return to work.

There were 16 registered cases resident in the City at the end of the year.

Leptospirosis

Leptospirosis became a notifiable disease as from 1st October, 1968 under the Public Health (Infectious Diseases) Regulations, 1968. During the year 1969 no cases were reported as suffering from this disease.

Malaria

During 1969 seven cases (males) of malaria were notified, all having acquired their infection abroad.

Measles

The year 1969 was outstanding for the considerable drop in the notifications of measles; 2,099 being notified as compared with 6,619 for 1968 and 9,783 for 1967.

The following was the age and sex distribution:-

<i>Age</i>	0	1—2	3—4	5—9	10—14	15—19	20—24	25—34	35—44	45—54	55—64	65—74	75+	Total
Males	62	339	322	332	15	8	2	1	—	—	—	—	—	1,081
Females	76	322	268	319	22	5	3	3	—	—	—	—	—	1,018

The highest number of notifications was received during the week ending 7th February (113); the weeks ending 12th and 19th September and 26th December had the lowest number (8). There were two deaths—details as follows:-

<i>Sex</i>	<i>Age</i>	<i>Date of Death</i>	<i>Remarks</i>
Male	2 years	3.1.69	This child died from I.a. Broncho-pneumonia and b. measles. II. Congenital heart disease—mongolism. The family consisted of parents and a girl aged ten months, living in a modern flat where the standard of cleanliness was good. There had, however, been a case of measles in the same block of flats approximately two to three weeks before this boy's illness.
Male	16 months	20.6.69	This was a good home, shared by two families who used the same kitchen. The child who died had, however, been in contact with a boy in the other family who was taken ill with measles on 30th May. The onset of the baby's illness was 2nd June, 1969. His condition, however, deteriorated on 3rd June and he was later admitted to hospital. Death was due to I.a. respiratory failure b. bronchopneumonia c. measles.

Acute Meningitis

Under the Public Health Infectious Diseases Regulations, 1968, all forms of acute meningitis became notifiable. During the year 1969 there were 84 cases notified of whom seventeen died.

The following table shows the sex, age and type of meningitis:—

<i>Type of Meningitis</i>	<i>Sex</i>	0—	1—2	3—4	5—9	10—14	15—19	20—24	25—34	35—44	45+	<i>Totals</i>
VIRUS Mumps	Males	—	—	—	2	—	1	1	—	—	—	4)
	Females	—	1	—	1	—	—	—	—	—	—	2) 6
Virus not identified	Males	3 (1 died)	—	—	5	2	2	3	1	3	—	19)
	Females	1	2	1	4	2	2	4	1	—	1 (died)	18) 37
BACTERIAL Meningococcal	Males	—	2 (1 died)	—	1	1	—	1	—	—	1 (died)	6)
	Females	5	—	3 (1 died)	1	1	1	—	—	1 (died)	—	12) 18
Pneumococcal	Males	1 (died)	—	—	—	—	—	—	1 (died)	—	3 (2 died)	5)
	Females	1 (died)	—	1 (died)	1	—	—	—	—	—	2 (1 died)	5) 10
Haemophilus Influenzae	(1 died)	—	—	—	—	—	—	—	—	—	—	—
	Males	2	2	—	—	—	—	—	—	—	—	4)
	Females	1	—	—	—	—	—	—	—	—	—	1)
Other Bacteria	Males	—	—	—	—	—	1	—	—	—	—	1)
	Females	—	—	1	—	—	—	—	—	—	1 (died)	2) 3
Bacteria not Identified	Males	—	—	—	—	—	—	—	—	—	—	—
	Females	1	1	—	—	1	—	—	—	—	2 (2 died)	5) 5

TOTAL CASES 84

TOTAL DEATHS 17

Haemophilus influenzae meningitis is one of the commonest types affecting very small children—babies particularly, and during 1969 five children were notified i.e. 3 months (died); 3 months; 7 months; 1 year; 2 years.

Paratyphoid B. Fever

No cases of paratyphoid B. fever occurred during the year 1969.

Pneumonia

Pneumonia, as from 1st October, 1968, ceased to be notified.

Poliomyelitis

One confirmed case of paralytic poliomyelitis occurred during 1969. This was a seven month old Asian girl who was admitted to hospital on 17th July. The illness started one week prior to admission with a cough and irritability. Four days later it was noted that she was not moving her arms or right leg. On admission she was febrile but not unduly ill. Poliomyelitis virus type I was isolated from urine and stool specimens. The baby was discharged on 11th November, 1969 with residual weakness of the right deltoid muscle. She had not been vaccinated against poliomyelitis.

The following sets out the numbers of confirmed cases which have been recorded since 1955:—

1955	1956	1957	1958	1959	1960	1961	1962	1963-1967	1968	1969
84	7	35	43	9	22	18	5	Nil	5	1

Scabies

The table below shows that the number of cases of scabies treated at local authority clinics has risen once again. Treatment continues to be available, on medical recommendation, at the Bacchus Road Cleansing Station and also for the benefit of school children, at certain school clinics. Benzyl benzoate continues to be the medicament used for treatment and there is every indication that, if it is thoroughly applied and if re-infestation can be prevented, this remedy is still effective.

<i>Year</i>	<i>Treated by the Health Department</i>	<i>Treated by the School Health Service</i>	<i>Total</i>
1965	1,684	435	2,119
1966	2,524	746	3,270
1967	4,112	686	4,798
1968	4,725	1,106	5,831
1969	5,104	1,713	6,817

Scarlet Fever

346 confirmed cases of scarlet fever were notified for the year 1969 as compared with 285, 560, 544 for 1968, 1967 and 1966 respectively.

The age group 5 – 9 years accounted for 55 per cent of the cases.

There were no deaths. The highest number of notifications (16) was received in the week ending 6th June, 1969.

Smallpox

In 1969 no cases of smallpox occurred. Surveillance was, however, carried out on a number of people who had arrived from endemic areas.

Tetanus

No cases of tetanus were notified during the year 1969. This disease became notifiable as from 1st October, 1968.

Typhoid

Nine cases of typhoid fever occurred during 1969, six of whom were in non-European immigrants' families (mostly Asians). There were no deaths.

The age and sex distribution was as follows:—

Males: 3 years, 19 years, 30 years, 40 years.

Females: 3 years, 5 years, 21 years, 31 years, 40 years.

Details are set out below:—

Notification was received of a 21 year old Pakistani woman who arrived in Birmingham on the 10th March, 1969, and was taken ill one week after arrival. She was admitted to hospital and was confirmed as suffering from typhoid fever phage type G.I.

A European woman aged 40 years who had lived in Birmingham all her life was taken ill about the 26th May, 1969, and was admitted to hospital on the 2nd June where she was diagnosed as suffering from typhoid fever phage Type C.I. On investigation it was found that her aunt, who prepared sandwiches for her, was a faecal excretor of *Salmonella typhi* (phage type C.I.). This woman had lived in Birmingham for some 30 years and, apart from visits to Ireland, had not been abroad. Her husband, however, was in Burma during the war and had a febrile illness there. He had a prolonged illness on his return to the

United Kingdom which he referred to as dysentery. He did, however, give negative specimens and one can only postulate that he acquired the infection in Burma which he subsequently eliminated, but not before he gave his wife a symptomless infection which has persisted until the present time.

A West Indian child aged 3 years was taken ill on the 9th June, 1969 and admitted to hospital on the 13th June with a typhoid fever infection phage type E.I. On investigation it was found that his mother was a faecal carrier of the same organisms. His mother had been in England for about seven years but gave a history of being in hospital in Jamaica with a fever as a child.

On the 26th July, 1969 a 40 year old West Indian was admitted to hospital having been ill from about the 19th July. The trouble apparently started following an injury to the left loin when his friend threw a brick at him. Typhoid organisms were isolated from blood culture and faeces, the phage type being "45" (a West Indian Strain). Despite intensive enquiries the source of this man's infection was not found. All his immediate contacts gave negative results following a series of specimens. The patient himself had been in England for some time.

A 30 year old Pakistani, who had been on holiday in Pakistan, returned to Birmingham on the 29th August, 1969 and was taken ill on the 30th August, 1969. He was admitted to hospital on the 4th September and a diagnosis of typhoid fever was made clinically and on the Widal reaction. It was therefore presumed that he had acquired his infection abroad.

Following return from a holiday in Tangiers on the 10th August, 1969 a five year old child was admitted to hospital on the 4th September with a typhoid fever infection—degraded Vi strain. It was assumed that the child had acquired her infection abroad as typhoid fever had occurred in other British tourists who had visited the same hotel in Tangiers.

A diagnosis of typhoid on clinical grounds and a positive Widal was made in regard to a 19 year old Pakistani who had only been in England for three weeks and who was admitted to hospital on the 15th September, 1969. During this time he had been ill for two weeks with fever, nausea, rigors, cough and headache.

On the 17th October a three year old Pakistani girl was admitted to hospital and was confirmed as suffering from typhoid fever—untypeable Vi strain. Her parents had been in England for six years and the patient and her four siblings

had been born here. Despite lack of co-operation on the part of the parents careful investigations were made but the source of the child's infection was not found and it was therefore assumed that her family were possible carriers.

The last case was that of a 31 year old English woman returning from Australia by boat. She was one of a number of passengers who on return to England were taken ill with typhoid fever—phage type DI. The Birmingham patient was ill on arrival (22nd October, 1969) and was admitted to hospital on the 12th November, 1969. Investigation of the boat revealed that a kitchen worker was excreting *Salmonella typhi*.

Venereal Disease

Our thanks are due once again to Dr. W. Fowler, Consultant in Venereology, who has again supplied the following details concerning various patients attending the General Hospital.

Gonorrhoea, already more prevalent in Birmingham than ever before, continued to increase in prevalence in 1969. The incidence of non-gonococcal urethritis increased also and more patients attended the clinic in 1969 than at any time in the past. Fortunately, there were fewer cases of syphilis than in the previous year.

GONORRHOEA

There was an increase of 5 per cent in the total number of cases. In males, the increase was 4.1 per cent and in females 7.7 per cent. It will be recalled that as applied to gonorrhoea, the term 'case' refers to one attack of gonorrhoea, not to one individual and that one individual may be responsible for a number of 'cases' in the course of a year. Actually there were 38 more male patients and 37 more female patients than in 1968.

TABLE 1
NEW CASES OF ALL AGES

	<i>Male</i>	<i>Female</i>	<i>Total</i>
<i>1967</i>	1,781	630	2,411
<i>1968</i>	2,017	791	2,808
<i>1969</i>	2,101	852	2,953

NEW PATIENTS OF ALL AGES

	<i>Male</i>	<i>Female</i>	<i>Total</i>
<i>1967</i>	1,526	567	2,093
<i>1968</i>	1,691	688	2,379
<i>1969</i>	1,729	725	2,454

RACIAL INCIDENCE

Among males, only the Southern Irish provided fewer cases than in 1968. British cases increased by 8.0 per cent while more modest increases were accounted for by West Indians and Asiatics.

West Indian females provided 5 fewer cases than in 1968; the other racial groups showed increases of from 5 cases (Asiatics) to 36 cases (British)

TABLE 2
RACIAL INCIDENCE
(excluding young children)

	MALE			FEMALE		
	1967	1968	1969	1967	1968	1969
British	736	801	865	481	630	666
W. Indian	531	644	683	72	82	77
S. Irish	219	246	225	70	66	82
Asiatics	224	255	262	3	4	9
Others	70	71	66	3	9	7

TEENAGE INCIDENCE

Male cases increased by 16.1 per cent (39 cases) and female cases by 18.8 per cent (51 cases). 3 males and 39 females were under 16 years of age and 84 males and 97 females (2 less than in 1968) were in the 16 and 17 year age groups. The proportion of the total male cases accounted for by youths under 20 years of age increased from 12 per cent in 1968 to 13 per cent in 1969. The corresponding figures for female teenagers were 34 per cent in 1968 and 38 per cent in 1969.

TABLE 3
NEW CASES

	MALE			FEMALE		
	1967	1968	1969	1967	1968	1969
Under 16	—	1	3	19	23	39
16-17	45	57	84	79	99	97
18-19	100	184	194	136	148	185

RACIAL INCIDENCE

Taking into account the sizes of the various communities, it will be seen from Table 4 that the incidence of gonorrhoea is considerably higher in West Indians than in youths born in this country, while most of the female teenagers are British.

TABLE 4
TEENAGERS — NUMBER OF INFECTIONS

	MALE			FEMALE		
	<i>Under 16</i>	<i>16-17</i>	<i>18-19</i>	<i>Under 16</i>	<i>16-17</i>	<i>18-19</i>
British	1	35	82	29	84	154
W. Indian	1	38	86	7	9	13
Asiatic	1	10	15	—	—	2
S. Irish	—	—	11	3	4	14
Others	—	1	—	—	—	2
Total	3	84	194	39	97	185

PENCILLIN SENSITIVITY

There is no evidence that the gonococcus is less sensitive to penicillin now than in 1967, when 21·7 per cent of strains of gonococci had a minimum inhibitory concentration of penicillin of at least 0·4 units.

NON-GONOCOCCAL URETHRITIS

There were 1,027 cases, 158 cases more than in 1968. Knowledge of the causes of this disease is very incomplete, but it would seem that there are at least three types of infection involved and that these infections are transmitted during sexual intercourse.

SYPHILIS

EARLY INFECTIONS

The incidence of early syphilis, which had been declining since 1967, continued to decline in 1969 and infectious syphilis is now uncommon in Birmingham.

TABLE 5

	MALE			FEMALE		
	<i>1967</i>	<i>1968</i>	<i>1969</i>	<i>1967</i>	<i>1968</i>	<i>1969</i>
Primary	14	16	9	2	1	1
Secondary	16	8	5	15	2	3
Early Latent	4	2	4	8	3	1

RACIAL INCIDENCE (Primary and secondary syphilis only)

As before, the majority of the patients were British.

TABLE 6

	MALE			FEMALE		
	<i>1967</i>	<i>1968</i>	<i>1969</i>	<i>1967</i>	<i>1968</i>	<i>1969</i>
British	17	14	9	16	3	3
W. Indian	1	2	2	—	—	—
Asiatic	9	5	1	—	—	—
S. Irish	2	2	1	1	—	1
Others	1	1	1	—	—	—

AGE INCIDENCE

There was only 1 patient, a male, under 17 years of age and 2 females between the ages of 18 and 19 years. The other patients were over 20 years of age.

PLACE OF INFECTION

3 females and 8 males contracted the disease in Birmingham and 2 males and 1 female in other parts of Britain. In 4 cases it was impossible to determine whether the infection had been contracted in this country or overseas.

LATE SYPHILIS

There were 39 cases of late syphilis, compared with 61 cases in 1968. The nationalities of these patients were as follows:— British 14 cases, West Indians 18 cases, Asiatics 6 cases, Arab 1 case.

SYPHILIS IN PREGNANCY

Among the females treated for syphilis, there were 8 pregnant women (11 pregnant cases in 1968). Of these patients, 2 were born in this country, 2 were West Indians, 1 was Irish and 3 Pakistanis. 1 patient had a macerated foetus. The other patients gave birth to normal infants.

CONGENITAL SYPHILIS

There were no cases of congenital syphilis in infancy or childhood and only 2 cases over 15 years of age.

CHANCROID, GRANULOMA INGUINALE, LYMPHOGRANULOMA VENEREUM AND YAWS

As in 1968, there was 1 case of chancroid and 1 case of lymphogranuloma venereum. There were only 3 cases of yaws compared with 19 cases in the previous year.

OTHER CONDITIONS

This category includes patients with diseases of the genitalia or lower genito-urinary tract which have to be differentiated from the venereal diseases, patients who have been in contact with venereal disease and individuals who require a certificate of freedom from venereal disease. The number of patients in this category increased by 7.7 per cent.

	<i>1967</i>	<i>1968</i>	<i>1969</i>
Cases requiring treatment	1,179	1,171	1,238
Cases requiring no treatment	2,523	2,668	2,897
Total	3,702	3,839	4,135

CONTACT TRACING AND CASE HOLDING

So far, it has been impossible to obtain a permanent team of Contact Tracers and it is still difficult to make a proper evaluation of this work. However, there are indications that with a permanent team, the number of contacts attending for examination would be increased by some 30 per cent.

Case holding was no more successful than in previous years and for the same reason as previously, namely, the high proportion of false names and addresses given by patients.

COMMENT

The incidence of yaws has declined steadily since immigration was restricted and it would seem unlikely that more than a few cases will be met with in future years. Chancroid, lymphogranuloma venereum and granuloma inguinale present no problems now and are unlikely to do so in future.

Also, it would appear that syphilis is well under control. However, there still appear to be foci of infection in the City and outbreaks of the disease are always possible. Late syphilis is becoming increasingly uncommon and such has been the efficacy of treatment in early syphilis over the past 25 years, that it is unlikely that late forms of the disease will ever again present any significant health hazards. The antenatal measures taken against congenital syphilis are so effective that, in the past 20 years, syphilis in pregnancy has seldom gone untreated. The ever decreasing incidence of congenital syphilis is a reflection of this, in its own way, an outstanding achievement of preventive medicine.

While the above diseases have decreased in incidence, the opposite has occurred with non-gonococcal urethritis, which is three times more common now than in 1960. As has been mentioned earlier, knowledge of this condition is scanty, but it would seem that at least three distinct infections are involved and that these infections are transmitted during sexual intercourse. As there is a rapidly effective treatment available for only one of these infections, it would seem reasonable to assume that the incidence of non-gonococcal urethritis will continue to increase.

So far as gonorrhoea is concerned, the position is worse now than at any time in the past. The reasons for the initial upsurge and continuing increase in incidence of this disease, once thought to be dying out, have been discussed before and need no further mention.

The real tragedy is the continuing increase in gonorrhoea in teenagers and, in particular, the rapid increase in incidence in West Indian youths. This is not shown in the report, but the number of cases accounted for by these teenagers has risen rapidly in the past few years. In great part, this must be due to the poor environment, cultural and otherwise, in which they live and in which the sexual mores is far more liberal than even that of our own 'permissive society'.

It seems inevitable that, for the time being, gonorrhoea will continue to increase in incidence in both adults and teenagers. Indeed, the sheer prevalence of the disease now makes any reduction unlikely in the near future, as there must be a very large pool of infected females. (At least 30 per cent of females with gonorrhoea are completely unaware that they have the infection and, for a time at least, act as carriers).

From the medical point of view, the most that can be done is to try to contain the increase in incidence by ensuring that treatment is highly effective and given promptly and attempting to trace and bring for treatment all individuals who might possibly be infected. However, the real solution to the venereal disease problem must lie in changing society's present attitude to sex and in educating the young about these venereal diseases.

Whooping Cough

There was a notable decrease in the number of notifications of whooping cough during 1969—215 as compared with 625, 778 and 856 for 1968, 1967 and 1966 respectively. The notifications reached their peak in the week ending 13th June when 17 were received. There were no deaths.

Yellow Fever

This disease became notifiable under the Public Health (Infectious Diseases) Regulations, 1968. There were, however, no cases for the year 1969.

Public Health Aircraft Regulations

During the year Health Control was carried out uneventfully on 889 aircraft arriving at Birmingham Airport, Elmdon, from outside the excepted area.

INFECTIOUS DISEASES 1969

CONFIRMED CASES

AGES

	Sex	0	1-2	3-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65-74	75 up	Totals	
Acute Meningitis ...	M F	6 9	4 4	— 6	8 7	3 4	4 3	5 4	2 1	3 1	1 1	1 1	— 3	2 1	39 45	84
Anthrax ...	M F	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	Nil
Diphtheria ...	M F	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	Nil
Dysentery ...	M F	26 15	50 39	31 32	42 43	12 7	13 26	11 30	28 26	15 13	11 15	11 10	8 10	4 22	262 288	550
Encephalitis Acute Infective ...	M F	1 —	— —	— —	1 —	— —	2 —	— —	— —	— —	— 1	— —	1 —	— —	5 1	6
Encephalitis Post Infectious ...	M F	— —	1 —	— —	1 —	— —	— —	— —	— —	— —	1 —	1 —	— —	— —	1 3	4
Food Poisoning ...	M F	6 2	5 6	5 4	4 3	5 2	2 5	55 17	21 6	12 5	9 7	7 10	14 20	10 53	155 140	295
Infective Jaundice	M F	— —	4 1	15 12	57 46	36 33	18 24	30 23	20 14	18 10	4 4	9 6	1 6	— 2	212 181	393
Leprosy ...	M F	— —	— —	— —	— —	— —	— —	— —	1 —	— —	— —	— —	— —	— —	1 —	1
Leptospirosis	M F	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	Nil
Malaria ...	M F	— —	— —	— —	1 —	— —	1 —	3 —	1 —	1 —	— —	— —	— —	— —	7 —	7
Measles ...	M F	62 76	339 322	322 268	332 319	15 22	8 5	2 3	1 3	— —	— —	— —	— —	— —	1081 1018	2,099
Ophthalmia Neonatorum ...	M F	72 78	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	72 78	150
Paratyphoid Fever ...	M F	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	Nil
Poliomyelitis Paralytic ...	M F	— 1	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— 1	1
Poliomyelitis Non-Paralytic ...	M F	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	Nil
Scarlet Fever ...	M F	— —	14 16	39 39	86 103	11 16	8 9	2 1	1 —	— 1	— —	— —	— —	— —	161 185	346
Smallpox ...	M F	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	Nil
Tetanus ...	M F	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	Nil
Typhoid Fever ...	M F	— —	— —	1 1	— 1	— —	1 —	— 1	1 —	1 1	— —	— —	— —	— —	4 5	9
Whooping Cough ...	M F	17 9	44 30	18 27	28 35	3 1	— 1	— —	— 1	— —	— 1	— —	— —	— —	110 105	215
Yellow Fever ...	M F	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	Nil

IMMUNISATION

(Sections 26 and 28 National Health Service Act, 1946)

The following figures, extracted from the detailed tables at the end of this chapter of the Report, show some of the main trends in immunisation during the year.

	<i>1969</i>	<i>1968</i>
Children who completed primary immunisation against diphtheria	18,433	22,610
Children who completed primary immunisation against poliomyelitis	20,702	15,056
Children who received reinforcing immunisation against diphtheria	15,337	14,467
Children who received reinforcing immunisation against poliomyelitis	16,003	29,820

In 1968, we referred to the increased demand for poliomyelitis vaccination following the occurrence of 5 cases in the City. Many primary immunisations begun at that time were completed in 1969. This accounts for the increase in primary immunisation and the decrease in reinforcing doses against poliomyelitis in 1969 as compared with the previous year.

Many adults and some children travelling to and from Spain, where poliomyelitis occurred during 1969, were vaccinated either at the Public Health Department or at Elmdon Airport.

Primary diphtheria immunisations, having exceeded 20,000 for the two previous years, fell somewhat to 18,433, but there was a slight increase to 15,337 in the number of reinforcing doses given. This is, in fact, the highest number recorded since 1954.

The measles vaccination campaign, begun in 1968, suffered a severe setback in March 1969. One of the two suppliers withdrew their vaccine because there was evidence that it caused more reactions than the other and the second supplier was unable to meet the total demand. In these circumstances, measles vaccination was virtually in abeyance until November and only 4,553 children were vaccinated during the year.

Typhus vaccination, for intending travellers to certain parts of the East, was transferred from the University of Birmingham to the Public Health Department in June, 1969. The demand for this vaccine is not heavy: 30 persons received typhus vaccination at the Public Health Department in 1969.

Because of an expected epidemic of A2 influenza in the early part of the year, home nurses, domiciliary midwives, domestic helps and ambulance crews were offered influenza vaccine and 568 vaccinations were performed. In the event, there were few cases of influenza in the community as a whole at that time and the value of vaccination could not be assessed.

B.C.G. VACCINATION

School Children (13 years old)

During the year 12,088 children had B.C.G. vaccination in schools, as compared with 10,378 in 1968.

The parents of 16,119 children were approached and of these 15,150 (93.98 per cent) accepted the skin test and vaccination with B.C.G.

During the period 15,525 were skin tested. Of these 1,519 had been previously vaccinated either through contact clinics or by special request in this City or elsewhere. (The number skin tested during the year is greater than the number who accepted because there is always a 'carry over' from one year to the next).

Table 1 – Children not previously vaccinated

Skin tests performed	..	..	..	..	..	..	..	14,366
Positive..	..	..	..	..	..	..	..	1,298
Doubtful	..	..	..	..	..	..	..	18
Failed to attend for reading of test				..	..	..	..	923
Negative	..	..	..	..	..	..	..	12,127
Vaccinated with B.C.G.	..	..	..	..	..	..	..	12,088

Thirty nine children who gave a negative reaction to skin test were not vaccinated for various reasons; swimming, illness, etc. A number of these were later tested and vaccinated.

The percentage of positive reactors amongst those not previously vaccinated is somewhat lower than in 1968:-

1960	1961	1962	1963	1964	1965	1966	1967	1968	1969
8.9%	7.9%	7.5%	8.1%	10.4%	8.8%	10.6%	6.9%	11.4%	9.0%

Table 2 – Children who had previously been vaccinated

Skin tests performed	..	..	..	..	..	..	..	1,159
Positive	..	..	..	..	..	..	..	1,145
Doubtful	..	..	..	..	..	..	..	—
Failed to attend for reading of test					..	..	..	12
Negative	..	..	..	..	..	..	..	2

(re-vacc: 2)

A sample of children from each school, vaccinated with B.C.G. during the previous year, was given a skin test:-

Conversion tests performed	..	..	..	..	..	..	967
Tests read	..	..	..	..	..	..	865
Converted	..	..	..	..	..	..	853 (98.6%)
Negative	..	..	..	..	..	..	10 (1 re-vacc)
Doubtful	..	..	..	..	..	..	2
Failed to attend for reading of test					..	..	102

Children X-rayed during 1969

Of the 15,525 initially skin tested 2,443 were found to give a positive reaction (1,145 who had been previously vaccinated, and 1,298 who had not been previously vaccinated).

Of these children, 2,360 were offered X-ray during 1969, the rest will be given appointments during 1970.

Also 38 children who were found to give a positive reaction in 1968 were x-rayed in 1969.

X-ray appointments offered	..	..	..	..	..	..	2,398
Failed to attend	..	..	..	..	..	..	234
X-rayed during preceding 12 months					..	..	26
Abnormal	..	..	..	..	..	..	23
Normal	..	..	..	..	..	..	2,115

Children whose parents refuse skin testing or vaccination are offered x-ray. There were 969 refusals during 1969 and 933 were offered x-ray appointments. The rest will be offered during 1970. Also 24 children whose parents refused in 1968 were offered x-ray during 1969.

X-ray appointments offered	..	..	..	..	..	..	957
Failed to attend	..	..	..	..	..	..	428
X-rayed during preceding 12 months					..	..	13
Abnormal	..	..	..	..	..	..	3
Normal	..	..	..	..	..	..	513

Children whose parents had signed permissions for them to receive the skin test, etc., and who were absent from school when the Medical Officer visited, and who failed to attend Central Clinics, were also offered X-ray.

X-ray appointments offered	..	..	..	..	..	..	828
Failed to attend	..	..	..	..	..	..	443
X-rayed during preceding 12 months	..	..	..	..	..	..	nil
Abnormal	..	..	..	..	..	..	nil
Normal	..	..	..	..	..	..	385

Appointments for X-ray were offered to children for whom vaccination with B.C.G. was inadvisable. Six children in this group will be offered X-ray during 1970:-

X-ray appointments offered	..	..	..	..	..	..	161
Failed to attend	..	..	..	..	..	..	129
X-rayed during preceding 12 months	..	..	..	..	..	..	—
Abnormal	..	..	..	..	..	..	—
Normal	..	..	..	..	..	..	32

A case of tuberculosis occurred in one city school and the B.C.G. team visited earlier as the 13 year age group only was involved.

Notifications in 1969 of Tuberculosis in school children previously Tuberculin tested or vaccinated with B.C.G.

One who was	tuberculin positive in 1959
Two who were	„ „ „ 1966
One who was	„ „ „ 1967
One who was	„ „ „ 1968
Five who were	„ „ „ 1969

In addition one child who failed to attend for reading of test in 1966 and at that time had an x-ray showing no significant abnormality was notified as a case during 1969.

One who was	vaccinated with B.C.G. in 1954
One who was	„ „ „ „ 1955
One who was	„ „ „ „ 1960
One who was	„ „ „ „ 1962
Two who were	„ „ „ „ 1963
One who was	„ „ „ „ 1965
Two who were	„ „ „ „ 1966
One who was	„ „ „ „ 1967
One who was	„ „ „ „ 1968

Three year follow up by X-ray of Tuberculin Positive Children Children Positive during 1966

Appointments offered	..	..	..	..	..	..	..	268
Failed to attend	..	..	..	..	..	..	..	158
Normal	..	..	..	..	..	..	..	102
Abnormal	..	..	..	..	..	..	..	8

Contacts of Tuberculous patients: Hospital and Public Health Staffs: Immigrants.

During 1969 ninety-eight clinics were held at the Public Health Department
For Contacts, Hospital Staff and Public Health Staff.

Skin tests performed	..	..	..	..	..	..	..	1,750
Positive..	..	..	..	..	..	..	..	140
Doubtful	..	..	..	..	..	..	..	—
Failed to attend for reading of test				..	..	..	..	165
Negative	..	..	..	..	..	..	..	1,445
Vaccinated with B.C.G.	..	..	..	..	..	..	..	1,453

Eight negative reactors were not vaccinated for various reasons, but 16 babies from Maternity Hospital were vaccinated without preliminary skin test. In addition 58 babies were vaccinated at Maternity Hospital.

Conversion tests are carried out on this group who are at greater risk than the normal population.

Conversion tests performed	..	..	..	..	..	..	..	1,293
Converted	..	..	..	..	..	..	..	1,101
Negative	..	..	..	..	..	..	..	54
								(6 re-vac:)
Doubtful	..	..	..	..	..	..	..	10
Failed to attend for reading of test				..	..	..	..	128

During the year B.C.G. vaccination was made available to babies and children of immigrant parents as being persons at special risk.

Skin tests performed	..	..	..	..	..	..	..	1,795
Positive..	..	..	..	..	..	..	..	24
Doubtful	..	..	..	..	..	..	..	1
Failed to attend for reading of test				..	..	..	..	163
Negative	..	..	..	..	..	..	..	1,607
Vaccinated with B.C.G.	..	..	..	..	..	..	..	1,602

Conversion tests were carried out on this group:-

Conversion tests performed	..	..	..	..	..	..	723
Positive..	..	..	..	..	..	..	615
Doubtful	..	..	..	..	..	..	1
Negative	..	..	..	..	..	..	28
Failed to attend for reading of test	..	..	..	..	..	..	79

During 1967 the School Health Service initiated a scheme for examining newly arrived immigrant children about to commence school. Heaf tests were given to all these children. Negatives and grade one positives were referred to the B.C.G. section for follow-up.

Skin tests performed	..	..	..	..	..	..	937
Positive..	..	..	..	..	..	..	375
Doubtful	..	..	..	..	..	..	5
Failed to attend for reading of test	..	..	..	..	..	..	109
Negative	..	..	..	..	..	..	448
Vaccinated with B.C.G.	..	..	..	..	..	..	447

This group includes a substantial number of children apparently already vaccinated with B.C.G. although an accurate history is not always obtainable.

Children below school age notified by the immigration authorities as newly arrived in U.K. were called to the B.C.G. Section for examination:-

Skin tests performed	..	..	..	..	..	..	82
Positive..	..	..	..	..	..	..	32
Doubtful	..	..	..	..	..	..	1
Failed to attend for reading of test	..	..	..	..	..	..	14
Negative	..	..	..	..	..	..	35
Vaccinated with B.C.G.	..	..	..	..	..	..	35

Visitors

Nineteen visits were paid to the Section by doctors and nurses of other authorities and countries for the purpose of observing the B.C.G. Clinics.

VACCINATION AGAINST SMALLPOX

Records were received of the following **vaccinations by general practitioners** of children in the City under the age of 16 years:-

Successful primary vaccinations	..	..	..	..	..	6,445
Re-vaccinations	..	..	..	..	..	852

In addition there were 320 persons **vaccinated by the Staff of the Department**. All these, with the exception of twelve, were re-vaccinations. The majority were members of the Public Health Department or Ambulance staff who might be at immediate risk if a case of smallpox occurred in the City. The remainder were persons travelling abroad at short notice who were unable to arrange vaccination by a general practitioner. The total number of known smallpox vaccinations in the City, by age group was as follows:-

<i>Age at date of vaccination</i>	<i>Under 1 year</i>	<i>1 year</i>	<i>2 - 4 years</i>	<i>5 - 15 years</i>	<i>16 years and over</i>
No. of primary vaccinations	591	3,550	1,830	476	10
Number of re-vaccinations	—	26	155	676	303

Reactions

There were three cases of generalised vaccinia (2 males and 1 female):-

A 34 year old woman had a primary vaccination given by her general practitioner on 18th April 1969. This was followed by generalised vesicles of limbs and trunk. She had been vaccinated prior to travelling abroad.

On 18th September, a 2 year old boy had a primary vaccination given by his general practitioner, this was followed by multiple lesions.

The third case was a boy aged one year ten months who had a primary vaccination given by his general practitioner on 11th November and whom the doctor regarded as having been a case of generalised vaccinia.

All three recovered.

YELLOW FEVER VACCINATION

As in previous years yellow fever vaccination clinics were held on Wednesdays between 14.00 and 15.00 hours. Appointments are not necessary for these clinics. An International Certificate is issued at the time of vaccination and a charge is made.

During the year 2,305 persons were vaccinated against yellow fever. Of these, 867 attended from addresses within the City and 1,438 from outside.

Vaccination was performed at times other than the normal clinic session for the benefit of 122 people who had to travel at very short notice. Eleven members of H.M. Forces attended the Birmingham clinic for yellow fever vaccination.

	<i>Under 9 months of age</i>	<i>9 months – 5 years</i>	<i>6 – 21 years</i>	<i>22 – 70 years</i>	<i>Over 70 years</i>
Persons vaccinated,	Nil	165	310	1,796	34

TYPHUS VACCINATION

Vaccination against typhus is available on Wednesdays between 14.00 and 15.00 hours. Appointments are not necessary. A charge is made if documentary evidence of vaccination is required.

A complete primary course of vaccination requires two injections with an interval of seven to ten days.

From June to December, 1969, 30 persons received injections: 26 received 1st injections and 20 of these received 2nd injections.

4 others received 2nd injections having received 1st injections elsewhere.

DIPHtheria, PERTUSSIS, TETANUS, POLIOMYELITIS, MEASLES
NUMBER OF PERSONS WHO COMPLETED A PRIMARY COURSE DURING 1969

Year of Birth		1969	1968	1967	1966	1965	1964	1963	1962	1961	1960	1959	1958	1957	1956	1955	1954	Children Total	Adult Total
Personal and Child Health Centres	DIPH.		3	1		4	6	1	1		1	2						19	—
	DIPH.- TET.	356	1059	177	145	242	264	176	142	134	118	166	92	23	11	9	8	3,122	—
	TRIPLE	977	4068	408	158	24	3											5,638	—
	TET.					3	4	1	3	17	15	23	79	146	147	131	113	682	87
	POLIO	15	3470	2476	452	377	366	306	256	218	198	237	218	248	217	168	176	9,398	529
	MEASLES	1	112	711	296	230	380	71	35	12	20	7	5	8	2	1	1	1,892	—
Day Nurseries	DIPH.																	—	—
	DIPH.- TET.	1	9	4	2	4	1		1	1		1						24	—
	TRIPLE	12	77	18	5	2												114	—
	TET.																	—	—
	POLIO		55	42	17	8	9											131	3
	MEASLES			5	6	2	1	1										15	—
Institutions	DIPH.																	—	—
	DIPH.- TET.	1			1	2	1	1		1		1						8	—
	TRIPLE	1	1															2	—
	TET.									1								1	—
	POLIO				1		2	3	1	1	1		5		2	1	5	22	3
	MEASLES																	—	—
Schools	DIPH.																	—	—
	DIPH.- TET.								1			1	1					3	—
	TRIPLE																	—	—
	TET.												1	1	5	4	1	12	—
	POLIO					1	2	154	182	140	188	150	162	126	79	78	73	1,335	106
	MEASLES																	—	—

DIPHtheria, PERTUSSIS, TETANUS, POLIOMYELITIS, MEASLES
NUMBER OF PERSONS WHO COMPLETED A PRIMARY COURSE DURING 1969 (CONT.)

<i>Year of Birth</i>		1969	1968	1967	1966	1965	1964	1963	1962	1961	1960	1959	1958	1957	1956	1955	1954	<i>Children Total</i>	<i>Adult Total</i>
Council House	DIPH.																	—	—
	DIPH.— TET.			2			2		1	1		2						8	—
	TRIPLE		2		1													3	—
	TET.									2				3	3	3		11	60
	POLIO		3	3	2	2	4	22	49	44	38	48	39	46	25	19	48	392	419
	MEASLES																	—	—
Hospitals Offices, Parks Staff, Airport & Factories	TET.																		204
																			—
	POLIO		1							10	4	2	1	3	4	4	4	33	518
General Practitioners	DIPH.		1	3	8	5	9	4	3	3			1				1	38	3
	DIPH.— TET.	54	314	115	79	82	73	44	24	17	12	8	11	6	2	7	3	851	9
	TRIPLE	973	5,805	1,156	284	151	107	45	30	14	8	13	3	5	2	5	2	8,603	4
	TET.	5	32	34	51	79	101	110	130	156	227	229	256	342	328	300	295	2,675	8,228
	POLIO	779	5,448	1,270	474	291	225	141	130	91	97	94	83	60	65	78	65	9,391	1,118
	MEASLES	1	285	748	506	352	291	127	92	52	73	20	36	16	20	14	10	2,643	3
Totals	DIPH.		4	4	8	9	15	5	4	3	1		3				1	57	3
	DIPH.— TET.	412	1,382	298	227	330	341	221	169	154	130	179	104	29	13	16	11	4,016	9
	TRIPLE	1,963	9,953	1,582	448	177	110	45	30	14	8	13	3	5	2	5	2	14,360	4
	TET.	5	32	34	51	82	105	111	133	176	242	252	336	492	483	438	409	3,381	8,579
	POLIO	794	8,977	3,791	946	679	608	626	618	504	526	531	508	483	392	348	371	20,702	2,696
	MEASLES	2	397	1,464	808	584	672	199	127	64	93	27	41	24	22	15	11	4,550	3

DIPHTHERIA, PERTUSSIS, TETANUS, POLIOMYELITIS, MEASLES
NUMBER OF PERSONS WHO RECEIVED REINFORCING INJECTIONS
AND DOSES DURING 1969

<i>Year of Birth</i>		1969	1968	1967	1966	1965	1964	1963	1962	1961	1960	1959	1958	1957	1956	1955	1954	<i>Children Total</i>	<i>Adult Total</i>
Personal and Child Health Centres	DIPH.			1		40	23	6	3		1	1	1	1				77	—
	DIPH.- TET.		3	115	10	3878	2656	282	115	45	25	20	14	5	4	3	2	7177	2
	TRIPLE			6	2													8	—
	TET.				1		3	3	2	9	14	17	50	107	159	129	144	628	213
	POLIO		3	143	10	3861	2636	258	125	84	50	53	51	52	39	29	41	7435	119
Day Nurseries	DIPH.					1												1	—
	DIPH.- TET.					32	45											77	—
	TRIPLE																		—
	TET.																		—
	POLIO					35	45	1										81	1
Institutions	DIPH.																	—	—
	DIPH. TET.													1		2		3	—
	TRIPLE																	—	—
	TET.									1	1	1	1			7	5	16	1
	POLIO												1	2		4	2	9	—
Schools	DIPH.																	—	—
	DIPH.- TET.						2			1								3	—
	TRIPLE																	—	—
	TET.								1	1								2	—
	POLIO						1				1							2	—

DIPHtheria, PERTUSSIS, TETANUS, POLIOMYELITIS, MEASLES
NUMBER OF PERSONS WHO RECEIVED REINFORCING INJECTIONS
AND DOSES DURING 1969 (CONTINUED)

Year of Birth		1969	1968	1967	1966	1965	1964	1963	1962	1961	1960	1959	1958	1957	1956	1955	1954	Children Total	Adult Total
Council House	DIPH.																		—
	DIPH.- TET.					3	3		1	2	1							10	—
	TRIPLE																		
	TET.								2	1	1		2		3	6	10	25	202
	POLIO				2	9	4	2	3	4	9	11	10	10	10	21	14	109	548
Hospitals, Offices, Parks Staff. Airport - Factories	TET.																	—	192
	POLIO				14	4	10	8	13	15	14	18	19	16	27	32	19	209	2,583
General Practitioners	DIPH.				2	3	24	19	7	8	3	2		1		1		70	7
	DIPH.- TET.		30	94	98	1123	2467	504	160	81	39	36	34	18	15	8	12	4,719	14
	TRIPLE		108	289	120	704	1518	277	96	43	12	9	8	1	3		4	3,192	5
	TET.		18	37	70	134	155	140	178	189	235	261	263	313	266	264	242	2,765	5,144
	POLIO	1	109	283	214	1686	3361	661	352	261	219	225	170	186	146	156	128	8,158	3,135
TOTALS	DIPH.			1	2	44	47	25	10	8	4	3	1	2		1		148	7
	DIPH.- TET.		33	209	108	5036	5173	786	276	129	65	56	48	24	19	13	14	11,989	16
	TRIPLE		108	295	122	704	1518	277	96	43	12	9	8	1	3		4	3,200	5
	TET.		18	37	71	134	158	143	183	201	251	279	316	420	428	406	401	3,446	5,752
	POLIO	1	112	426	240	5595	6057	930	493	364	293	307	251	266	222	242	204	16,003	6,386

LABORATORY SERVICES

(a) ANALYTICAL LABORATORY

In 1969 the full realisation of the extent to which man was polluting his natural environment suddenly hit the Western nations with full force. Previously such hazards as radioactive fall-out, river and atmospheric pollution and the over-use of organo-chlorine pesticides had each received a certain amount of individual attention but there had been little appreciation of the problem as a whole. Now, however, 1970 has been declared European Conservation Year and in this country a Royal Commission on Environmental Pollution has been set up. A unique conference, on "The Assault on the Environment" has been held by the Association of Public Health Inspectors at which it was pointed out by Lord Kennet that we now had to adopt a new concept, namely that doubtful substances in the environment must be treated as guilty until they are proved innocent rather than the opposite procedure that has been adopted in the past.

There have been several repercussions of this attitude in the food and drug sector. Cyclamates, the artificial sweeteners that had been the centre of controversy for some time, were finally banned from use in food in late 1969. Equal if not more publicity was given to the banning of certain contraceptive pills containing an excessive amount of oestrogen. The Swann Report on the use of antibiotics in animal husbandry and veterinary medicine was published in 1969 and also sounded a cautious note. Similarly, further restrictions on the use of D.D.T. at present banned in several countries, will probably follow in the United Kingdom as a result of a review of the subject published by H.M.S.O. during the latter part of the year.

Dealing specifically with the work of the section, the removal of the Public Health Bacteriological Laboratory from Great Charles Street to the East Birmingham Hospital on 1st December, 1969, necessitated some reorganisation of certain work previously shared between that laboratory and ourselves to avoid sampling officers having to visit two laboratories with duplicate samples to have one specimen tested. Accordingly it was arranged that the Analytical Laboratory should take over the hygiene testing of Birmingham only dairy samples (in addition to continuing to test these samples for chemical composition.) The articles involved were milk, cream, ice-cream, ice-lollies, whole egg, churn and bottle rinsings. The results obtained in December 1969 are discussed later.

The work of the laboratory during the year came from the examination of the following samples:-

Samples taken under the Food and Drugs Act, 1955:-

Milks (includes 8 for hypochlorite tests)	..	..	..	826	
Other foods	..	..	..	2,203	
Drugs	..	..	..	504	
					3,533
Special drugs (Research Section)	..	..	..	241	
Miscellaneous samples	..	..	..	2,960	
					6,734

Food and Drugs Act, 1955

FOODS. Out of a total of 3,029 samples, 67, or 2·2 per cent, received adverse reports but of these 44 were of sub-standard though genuine milk i.e. the real rate of adulteration was only 0·8 per cent compared with 0·6 per cent in each of the preceding two years but still a very satisfactory low level.

MILK. Specimens of churn milk totalled 698 and of bottled milk 120, the average composition of all these samples being 3·81 per cent fat and 8·68 per cent solids-not-fat, making a total solids content of 12·49 per cent. The number of samples taken has gradually been reduced over the last few years because of the low incidence of milk adulteration and the effect of the Milk Marketing Board's "Payment by Quality" Scheme introduced some five years ago. At the same time, however, an improved system of sampling involving bulk consignment testing (instead of individual churns) has been instituted, the overall effect being that practically as many farmers as before are covered.

Two cases of watered milk were encountered. In the first instance examination of two samples representing the bulk milk of a large consignment to a city dairy showed that one contained at least 7·7 per cent extraneous water, the other being genuine. Repeat specimens taken very shortly afterwards were satisfactory but this source will be kept under surveillance. The second case was extraordinary in that the total amount of milk involved was only four gallons distributed between two churns. A bulked sample showed the presence of at least 8·5 per cent extraneous water and repeat informal individual churn sampling showed minima of 19 and 6 per cent extraneous water. Repeat formal sampling however indicated genuine milk. The farmers concerned in these two cases were strongly cautioned.

Apart from the four watered milks mentioned above, forty four samples were deficient in quality from natural causes (age, breed, season, etc.), forty in solids-not-fat, three in fat, and one in both fat and solids-not-fat. Where appropriate the farmers involved were advised to seek the help of their local Agricultural Advisory Officer.

OTHER INCORRECT FOODS. Nineteen of the 2,203 foods other than milk tested were unsatisfactory but not usually from serious causes.

The description "Leavening Agents" in the list of ingredients of a pudding mix contravened the Labelling of Food Order, 1953, in that it was a generic and not a specific name. Furthermore the description "Milk" in the list of ingredients implied the presence of whole milk whereas only skimmed milk was found.

The label of a canned complete liquid meal contravened the Labelling of Food Order in that the amounts of nutrients present were given per can of 12½ fluid ounces instead of per fluid ounce and in some cases were stated in grams instead of milligrams. A bottle of Indian Tonic Water contained only 0.41 grain per pint of quinine sulphate whereas at least 0.50 grain should be present. This fault was probably due to overlong storage in a clear bottle exposed to sunlight—such exposure is known to decompose the alkaloid.

To be able to be sold from grocery stores shandy must contain no more than 2 per cent proof spirit, but at the same time sufficient beer should be present to maintain a reasonable standard of quality – a standard of 1.5 to 2.0 per cent proof spirit is generally accepted. Two samples were found to contain only 1.2 per cent proof spirit in one case and 0.7 per cent in another and the manufacturers undertook to increase the amount of beer present to conform with the standard.

On the other hand, another sample of shandy fermented in the bottle to such an extent that no less than 5.3 per cent proof spirit was present and considerable yeast sediment was visible. A repeat sample from the same batch contained 2.2 per cent proof spirit and slight after-fermentation had occurred.

A sample of mineral water was found to contain an excess of preservative, 220 parts per million of benzoic acid being present as compared with the maximum of 160 parts per million specified by the Preservatives in Food Regulations, 1962.

The Canned Meat Products Regulations, 1967, require canned meat with gravy to contain not less than 75 per cent meat. A specimen of canned stewed steak and gravy was found to contain only 68 per cent meat and a repeat sample confirmed the deficiency. Correspondence with the manufacturers revealed that the probable cause of this complaint was the addition of a little too much gravy.

On 31st May, 1969, the Sausage and other Meat Products Regulations, 1967, came into operation and minimum standards of meat content of 50 per cent for beef and 65 per cent for pork sausages became legally enforceable. In both types of sausage, at least half of the minimum meat content specified must be "lean" meat. Two samples of pork sausage from the same manufacturer and taken before May were somewhat low in meat, deficiencies of $2\frac{1}{2}$ and 5 per cent meat being indicated.

The Butter Regulations, 1966, require a maximum of 16 per cent water in butter whereas a sample examined contained 18.0 per cent. The Cheese Regulations, 1965, specify rather stringent conditions of labelling of the various varieties and a technical offence was committed in the labelling of a sample of processed cheese.

The contents of a can of prunes were found to contain 400 parts per million of tin (the recommended maximum is 250 parts per million) and the inside of the can was considerably corroded. The case was referred to the Food Inspection Section as was also an instance of split peas containing numerous cereal psocid insects of the family Liposcelidae.

Three samples of flour, two plain and one wheatmeal, received adverse reports, all contravening the Bread and Flour Regulations, 1963, in that the former contained deficiencies of chalk and the latter an excess. Actual amounts found were 188 and 180 mg. chalk for the plain flours and 615 mg. chalk per 100 g. flour for the wheatmeal sample, the regulations requiring between 235 and 390 mg. per 100 g. flour. Appropriate remedial action was taken in all the above cases.

INCORRECT DRUGS. 504 specimens of drugs were taken under the Food and Drugs Act and of these, sixteen were classed as unsatisfactory. The drugs sampled are those obtainable without a doctor's prescription and sometimes designated O.T.C. ("Over the Counter") drugs. Because of sampling difficulties the more potent medicines such as barbiturate sleeping tablets, antibiotics and hormones, which do require a doctor's prescription, are sampled in Birmingham under the special voluntary local drug testing scheme (see later) organised with the full co-operation of local pharmacists.

A sample of hydrogen peroxide examined was found to be of 20 volumes strength as required by the current B.P. but the label which had been correctly printed with "20 volumes" had been altered to read "10 volumes".

A bottle of ammoniated tincture of quinine contained only 0.54 per cent $\frac{w}{v}$ ammonia (official limits are between 0.85 per cent and 1.05 per cent). This specimen was found to have been packed in 1963 and considering its age, had retained its ammonia content exceedingly well.

A sample of blackcurrant health drink labelled as containing at least 60 mg. of Vitamin C per fluid ounce did in fact contain only 40 mg.

An interesting case of incompatibility of ingredients was a specimen of antiseptic cream stated to contain 0.5 per cent cetrimide – a **cationic** antiseptic detergent. Tests for cationic compounds however gave negative results but a reaction was obtained for **anionic** detergent – possibly originating from an emulsifying agent used in preparing the cream. It is known that cationic and anionic detergents are incompatible with each other.

After complaints of asthma tablets passing through the body unchanged, a sample of these same tablets was purchased for examination. The tablets were labelled for, among other things, **acute** attacks of asthma and were found to seriously fail the normal B.P. disintegration test for sugar coated tablets. This was pointed out to the manufacturers who replied however that the tablets were **enteric** coated so as to pass through the stomach unchanged. The tablets did in fact satisfy an arbitrary test for enteric coated tablets but it was pointed out that such tablets would be of no use in acute attacks of asthma and that in practice there was serious doubt whether they dissolved even in the intestinal tract.

Somewhat similarly, a specimen of indigestion pills was found to be of very old stock. The pills had hardened to such an extent that they failed both the ordinary B.P. disintegration test and that for enteric coated tablets.

Analysis of a sample of nose drops, declared to contain 0.57 per cent anhydrous ephedrine, indicated the presence of only 0.32 per cent. Stock in the pharmacist's shop concerned was overhauled. A bottle of castor oil had a hazy appearance found to be due to a trace of water.

A specimen of vitaminised tablets containing Vitamin A and calcium carbonate (chalk) was stated to be useful in the prevention and treatment of sunburn. The tablets were criticised on two grounds. Firstly 115 mg. per tablet of calcium carbonate was declared and 180 mg. found. Secondly the use of Vitamin A (with or without calcium carbonate) was, from current British medical literature, considered to be of doubtful value for the purpose declared.

The manufacturers however produced evidence that for the last year or so their tablets had been used with considerable success in Africa, Mexico and Australia especially in preventing sunburn redness.

Calamine lotion should contain 0.5 per cent liquefied phenol to conform with the B.P. but only 0.23 per cent was found in a sample tested.

The label of a sample of insect bite cream stated the presence of 10 per cent calamine and 1.5 per cent mepyramine maleate. Analysis showed the presence of only 6.6 per cent of the former and none of the latter ingredient. A repeat sample gave the same result. Investigation by the manufacturers showed that separation of ingredients during cooling of the cream mix was occurring and special steps have been taken to overcome this difficulty.

A bottle of compound codeine tablets failed the B.P. Uniformity of Weight test as did also some soluble aspirin tablets which incidentally contained twice as much free salicylic acid as the official limit.

Some children's cooling powders containing (as stated) 10 per cent phenacetin were criticised in that this substance was judged unsuitable for administration to children. It was discovered that the powders were old stock, the firm having wisely reformulated their product with a harmless substitute.

A tube of cold sore cream was stated to contain 6 g. of contents whereas only 1.68 g. was present. A repeat tube contained only 2.32 g. The matter was referred to the Weights and Measures Department.

An unusual incorrect sample was that of malt extract which was thinner than normal (refractive index was 1.481, the B.P.C. requiring between 1.489 to 1.498) but in addition numerous black specks of carbonised sugar were present, 7.2 mg per 100 g. extract in all.

In most of the above cases, the matters referred to were taken up with the manufacturers or, where appropriate, the pharmacists concerned and suitable corrective action taken.

Local Drug Testing Scheme. One hundred and twenty four pharmacies were visited by a member of the Research Laboratory Staff who is permitted to visit local pharmacies and to select any drug from the shelves for analysis. In the event, 232 samples were taken for analysis, the more important being the following:-

<i>Drug</i>	<i>Number of samples</i>	<i>Number incorrect</i>
Injections (various)	29	6
Penicillin solution tablets	40	13
Phenylbutazone tablets	12	1
Contraceptive pills	66	—

The samples of injections were taken to complete the survey commenced in 1968, the main faults found being due to storage under adverse conditions or for too long periods of time.

Although the general use of penicillin solution tablets may be declining, they are still regularly used at pharmacies in some areas of the City. The 13 incorrect samples failed the B.P.C. requirements for active drug content, deficiencies ranging from 20 per cent to 50 per cent. The faulty tablets were all products of one manufacturer who has recalled sub-standard material from pharmacies and wholesalers and reformulated his product.

The samples of phenylbutazone tablets were taken as a follow-up to those in 1968 when various deficiencies were reported. The one incorrect sample badly failed the B.P. disintegration test. The pharmacist returned his remaining stock to the manufacturer.

In view of the increasing use of contraceptive pills a survey of the 20 or so proprietary products was undertaken. Sixty-six samples were purchased and all proved satisfactory when analysed for contents of declared ingredients.

HOSPITAL SAMPLES

Nine were examined for the Hospital Pharmacy Committee. Two were of ascorbic acid tablets stated to contain 500 mgms of the drug – one contained only 200 mgms but complied with B.P. requirements for this strength. A further two samples of ascorbic acid tablets were satisfactory. The remaining five samples consisted of chloramphenicol ointments (2), hexamine mandelate tablets, Vitamin A solution and bendrofluazide tablets. The last item contained 93 genuine plus seven aneurine hydrochloride tablets.

Miscellaneous Samples not taken under the Food and Drugs Act.

These totalled 2,960 and were made up as follows:-

PUBLIC HEALTH DEPARTMENT

Milk and Dairies Section	..	..	..	..	..	1,276
Air Pollution	..	..	..	..	..	192
Waters	..	..	..	..	..	732
Food Inspection Section	..	..	..	..	..	70
Miscellaneous	..	..	..	..	..	118
						<hr/> 2,388

OTHER CORPORATION DEPARTMENTS AND COMMITTEES

Waters	..	..	..	..	..	254	}	369
Miscellaneous	..	..	..	..	..	115		
Private samples	..	..	..	..	..	..		203
								<hr/> 2,960 <hr/>

MILK AND DAIRIES SECTION SAMPLES

(a) Up to 30th November, 1969.

The official tests for adequacy of heat treatment of milk include the Phosphatase Test for pasteurised milk and the Turbidity Test for sterilised milk. In this period 646 samples of the former and 125 of the latter designation were examined with satisfactory results. Two hundred and ninety nine samples of ice-cream had satisfactory compositions but the labels of nine specimens were incorrect, usually because the statutory notice "contains non-milk fat" was not printed in close proximity to the description "ice-cream". Seventeen samples of ice lollies were free from harmful metals, especially lead.

(b) 1st December, 1969 to 31st December, 1969.

As mentioned earlier, the hygiene testing of certain Birmingham dairy samples was taken over from the Public Health Bacteriological Laboratory on 1st December, 1969. Results to the end of the year were as follows:—

<u>Sample</u>	<u>Number Examined</u>	<u>Number incorrect</u>
<i>Milk</i> (Bottled, Churn, Dispenser, Whirlcool, Carton.)	113	6 Dispenser samples and one Whirlcool sample failed the Methylene Blue Test.
<i>Ice-creams</i>	21	Two samples were in- correctly labelled.
<i>Ice-lollies</i>	1	Nil
<i>Fresh cream</i>	24	In the Methylene Blue Test, one sample was "decolourised in zero hours."
<i>Imitation cream</i>	13	Nil
<i>Whole egg</i>	3	Nil
<i>Churn and Bottle washings</i>	6	Nil
<i>Raw milk for antibiotics</i>	11	One sample reacted in such a way as to indi- cate the presence of a non-penicillin type of antibiotic.

WATERS. The total of 986 waters examined included 152 effluents from sewage systems in the Rivers Bourne and Blythe catchment area, 191 sub-floor waters for determination of origin (mains, sub-soil, etc.) the remainder being chiefly concerned with the routine testing of the Elan, River Severn, (Trimpley) and Whitacre domestic supply systems. Birmingham mains water now consists of the soft Elan Valley supply supplemented by a small varying amount of moderately hard treated River Severn water. The plumbo-solvent properties of this mixed water are being carefully watched since there is a delicate balance of chemical constituents in the Elan Valley supply which could easily be disturbed by the addition of other water. Furthermore increased countrywide attention has been focussed on the general problem of the possible plumbo-solvent action of mains waters (especially upland surface waters) in view of the stringency of the latest W.H.O. International standard of 0.05 mg/l. lead in a supply in normal use and the W.H.O. European standard of 0.3 mg/l. lead for water which has been sixteen hours in contact with lead piping (i.e. first draw-off water). A special series of tests is being undertaken on the water supply of thirty houses within the city boundary with lead pipe supplies.

SAMPLES OTHER THAN WATER. Sixty four food complaints were received from Public Health Inspectors. Among the more interesting were canned grapefruit containing 360 parts per million of tin (250 is the recommended maximum). Hairs resembling eye-lashes found in a can of crab were identified as those naturally present near the gills of the crab. When nearing the end of a large bottle of meat extract, a consumer discovered the presence of a circular metal object in the jar, weighing two ounces, made of iron and later identified by the manufacturers as part of the filling machinery. Black "bits" in a churn of milk delivered to a canteen were found to be a paste of aluminium particles and milk fat formed by the grinding of the lid in the neck of the churn. The most serious complaints, both resulting in Court cases, involved the finding of a cooked mouse in a bottle of sterilised milk and the discovery that a bottle of mineral water actually contained bleach with 3.8 per cent available chlorine.

MISCELLANEOUS. A complaint concerning a child's tennis racquet which produced a red stain on the hand showed on investigation that the toy had been "painted" with PONCEAU 4 R a water soluble food colouring matter. A phosphorescent paint advocated for use on toys was found to be an emulsion paint containing zinc sulphide activated by a trace of copper - this pigment gave a greenish phosphorescence in the dark and satisfied the Toys (Safety) Regulations, 1967. Following a case of lead poisoning in a family, nine paint

scrapings from various painted surfaces in the house were examined. Results suggested that the stairs, doors and windows had received an undercoat containing lead pigment at some time in the past. Fumes and steam arising from a waste tip in the City were found to have been caused by the combined tipping of paint residues and quicklime which developed heat when rain occurred and volatilised the paint solvents. The partitioning of a shop with chipboard caused an unpleasant build-up of harmful vapour traced to formaldehyde – a constituent of the binding plastic used in the manufacture of the board. A carbon water filter was tested to see if it could remove fluoride from Birmingham mains water. As was expected, no removal was detected even at very low rates of flow.

OTHER CORPORATION DEPARTMENTS. Apart from 264 waters received from the Water Department and already mentioned, a range of samples totalling 103 was received from the Central Purchasing and other Departments of the Corporation. These included 64 soaps and detergents and twelve school meals for the determination in the latter case of protein, fat, carbohydrate and calorie content.

PRIVATE INDIVIDUALS AND INSTITUTIONS. The most interesting of the 80 cases of foreign matter in food received directly from the public included a five eighths inch hexagonal steel nut found embedded in some cheese and a jar of mincemeat containing four pieces of glass, which fortunately for analytical purposes were of a characteristic curved shape and with specialised markings identical to the glass of the complaint jar. Probably a jar had fractured on the filling line in the factory and contaminated a succeeding jar. An unusual complaint involved a packet of corn flakes, the outside of the carton being normal but the inside of which was contaminated with large quantities of a pale brown crystalline substance identified as dextrin gum – probably the same as was used to seal the carton.

Thirty-six quality complaints received attention. One was of rice which was alleged to leave a deposit with a faint glittery appearance on the hands. The deposit was found to be due to “facing” of the rice with 0.16 per cent talc – a harmless amount. “Facing” of rice is little encountered nowadays. Several suspect grey, bead-like objects in a can of salmon proved to be merely salmon eggs.

A substance recommended for taking during drinking to lower the blood alcohol level was found to be a syrup of laevulose (fruit sugar). A stainless steel

urn used to hold hot water for tea making and in continuous use for twenty-four hours produced a water containing considerable sediment – identified as lead carbonate. This was traced to the use of a lead solder when making the urn.

PROGRESS IN FOOD LEGISLATION. Following the spate of new food legislation in 1967 and to a lesser degree in 1968, the year under review can almost be classed as a consolidation year entirely dominated by the side effects of world wide alarm over general environmental pollution, mentioned in the preamble to this report. Apart from the banning of cyclamate and high oestrogen contraceptive pills, brominated arachis oil used in soft drinks to suspend flavours, Ponceau MX, a food colour and mono-sodium glutamate (MSG) the well known food flavouring, have each received searching scrutiny. The food colour is to be officially deleted from the permitted list from 1st January, 1971, the oil will probably be banned from use in food in 1970 and MSG, has already been voluntarily withdrawn from certain infant foods by several well known firms. The new concept concerning food additives appears to be that they are to be considered harmful unless specifically proved harmless and this must have considerable repercussions in the food industry.

Two Food Standard Committee reports, one on jams and other preserves, the other on condensed milk were published during the year. The existing preserves order was made fifteen years earlier and has worked well. Little change is envisaged except perhaps curtailment of the use of sulphited fruit pulp for jam making as better methods of fruit preservation are perfected. The present condensed milk order was made in 1959 and the main recommendations of the report, if adopted, will bring the order more into line with the Dried Milk Regulations, 1965. Proposals to amend and consolidate the Cheese Regulations, 1965 and 1966 in various minor ways were also issued during the year and will be made official from 31st January, 1970.

A review announced in the late summer of the use in food of antibiotic preservatives nisin, tetracycline and nystatin reflects the concern felt at the rather indiscriminate use of antibiotics generally, a concern expressed in the Swann Report on the use of this class of substances in animal husbandry and veterinary medicine. A second review dealing with the food antioxidant butylatedhydroxytoluene BHT was also initiated. This chemical is already banned from use in infant foods and there seems reluctance to give it a completely clean bill of health. Finally changes were announced in April in the important Labelling of Food Regulations, 1967, schedules to become law on 4th January, 1971. Although relatively minor in nature the changes will be of moment to manufacturers printing their future labels.

(b) PUBLIC HEALTH LABORATORY

Dr. J. G. P. Hutchison, Director of the Public Health Laboratory, has kindly supplied the following information:-

VENEREAL DISEASES EXAMINATIONS FOR BIRMINGHAM FOR THE YEAR ENDING 31st DECEMBER, 1969

<i>Specimens</i>					<i>Examinations</i>				
Bloods	..	..	..	35,729	For Wassermann Test	..	..	35,443	
					„ Gono. Fixation Test	..	..	1,189	
					„ Kahn Test..	..	..	23,128	
					„ Laughlen Test	..	..	82	
					„ Reiter P.C.F. Test	..	..	229	
					„ Paul Bunnell Test	..	..	3	
C.S. Fluid	..	..	..	533	For Wassermann Test	..	..	533	
					„ Cell count	..	..	95	
Films	..	..	..	16,512	For Gonorrhoea	..	..	16,512	
Cultures	..	..	..	16,585	„ Gonorrhoea	..	..	16,585	
					„ Sensitivity	..	..	96	
TOTAL				69,359	TOTAL				93,895

Blood specimens for Wassermann reactions examined during the Year ending 31st December 1969, from Birmingham ante-natal centres and maternity hospitals:-

					<i>Number of specimens</i>	<i>“Diagnostic” reactors</i>
From Antenatal Centres:	..	..	..	..	3,605	2
From Maternity Hospitals:	..	..	..	..	8,841	9

TUBERCULOSIS

Notifications

During 1969 new notifications of tuberculosis were received for 591 persons, 41 less than in 1968. This is a larger fall than occurred in the previous year, and the notification rate of 0.54 per 1,000 is a new low record.

It is again necessary to emphasise how large a proportion of these notifications relates to persons born outside the British Isles. Details are given in Table 8; in brief, 45 per cent of persons notified were born in Asia, 40 per cent in Great Britain, 9 per cent in Ireland, 2 per cent in the British Caribbean area and 4 per cent elsewhere in the world.

The 40 per cent born in Great Britain includes children born in this country to immigrant parents; further information about the place of birth of parents of children notified is given in Table 9. Of the 83 notified children who were born in this country, 35 were to parents who had been born in Asia and 8 to parents born in the British Caribbean area.

Because of the high proportion of notifications of persons born abroad, and the difference in age-distribution and types of disease between immigrants and native born persons, the detailed information about notifications in Tables 4 and 5 is given separately for those born in the British Isles and those born elsewhere.

RESPIRATORY TUBERCULOSIS

The number of notifications of males showed little change at 306, only 7 less than in 1968. Notifications of males born in the British Isles actually increased by 4 to 172, due mainly to an increase at ages 15-24 years among whom notifications were exceptionally few in 1968. Changes at other ages were small and showed no consistent pattern. There was some decline in notifications for immigrant males, mainly in children and over age 25 years: notifications increased in the age-group 15-24 years.

The main fall in notifications occurred in females born in the British Isles, reduced by 29 to 84. This decline occurred almost entirely in notifications of children. For females born elsewhere there was no real change, the total of 65 notifications being only two less than in 1968.

NON-RESPIRATORY TUBERCULOSIS

The total notifications of non-respiratory tuberculosis were almost unchanged at 136, only three less than in 1968, and giving an unchanged rate. The great majority of these cases occurred in immigrants, only 34 of the 136 notifications being of persons born in the British Isles. Table 6 gives the location of disease for the non-respiratory cases, over half being tuberculosis of lymph glands.

BACTERIAL DRUG RESISTANCE

As usual, the information on this has to be given a year in arrear because of the considerable time lag before the information is available. The results are given in the table, and show little change.

The number of patients found to be excreting drug resistant bacilli at diagnosis was unchanged from the previous two years at 18, but only 5 of these were born in this country, the remaining 13 being born elsewhere.

There was again a decline of one in the number of patients found to be excreting drug resistant bacilli during or after treatment: the total of ten includes only one person born abroad.

The number of persons known to be chronic excretors of drug resistant bacilli was also reduced slightly, to 21, the lowest figure so far recorded.

	<i>Number of patients first found to be excreting drug resistant bacilli</i>		<i>Number of patients continuing to excrete drug-resistant bacilli for more than 1 year</i>
	<i>On diagnosis</i>	<i>During or after treatment</i>	
1956	7	90	—
1957	13	101	46
1958	8	39	67
1959	7	19	61
1960	10	18	67
1961	12	29	47
1962	9	15	45
1963	6	16	41
1964	11	19	31
1965	9	16	34
1966	18	12	25
1967	18	11	27
1968	18	10	21

Mortality

During 1969, there were 29 deaths attributed to tuberculosis, 12 less than in 1968, and substantially below the figure for any previous year. The mortality rate of 0.03 per 1,000 is a new low record.

RESPIRATORY TUBERCULOSIS

The main fall in mortality occurred in deaths from respiratory tuberculosis, reduced from 38 in 1968 to 27 in 1969. The majority of deaths were in persons in the older age-groups, 11 being persons aged 65 years or more, 14 of persons aged 45-64 years, and only two, both Asian immigrants, at ages less than 45 years. A 21 year old Asian girl died of pulmonary haemorrhage ten days after notification, and a 42 year old Asian man was notified only after his death from pulmonary and cerebral tuberculosis.

NON-RESPIRATORY TUBERCULOSIS

There were only two deaths from non-respiratory tuberculosis: a 32 year old Asian man died from tuberculous enteritis, and this was notified only after death. A 59 year old Englishman died from cardiac failure which was in part due to the deformity from spinal tuberculosis that he had had since childhood.

DEATHS OF PERSONS NOT NOTIFIED BEFORE DEATH

Of the 29 deaths due to tuberculosis, 19 were of persons not notified before death as suffering from tuberculosis. Nine were notified after death, and for 10 the only information received was the registration of death from tuberculosis. Even amongst the 10 deaths in persons previously notified, the interval from notification to death was less than a month for three, so that of the 29 deaths 22 were of persons in whom the disease was recognised only after death or shortly before death; this can be regarded as an indication of the effectiveness of chemotherapy if it is given an opportunity, but also as a failure to make the diagnosis at a reasonably early stage in all cases.

Prevention and Control

All the methods of prevention and control described in previous reports were continued unchanged. The number of examinations and tests involved in this work are recorded below: the number of children skin tested and given B.C.G. vaccination at school is recorded in the section on Immunisation.

Immigrant children found to be tuberculin positive at the pre-school clinic established by the School Health Service are referred for chest radiograph at the Chest Clinic: 253 were x-rayed during the year.

The houses of children found tuberculin positive during pre-B.C.G. skin testing at school are visited to arrange examination of other members of the family; 2,190 visits were made during the year, 524 members of these households were x-rayed at the Chest Radiology Centre and 126 at the Chest Clinic.

Tuberculosis health visitors made 14,727 visits to notified patients and their contacts: despite the fall in notifications, the number of contacts x-rayed actually increased by about 300; of the total of 3,305 examined, 1,928 were done at the Chest Radiology Centre and 1,377 at the Chest Clinic.

Follow-up and After Care

The following forms of help were given to notified patients and their families during the year:—

Grants of free milk	..	..	..	..	..	..	..	..	464
Issues of beds, bedding or nursing utensils	..	..	..	..	..	..	..	..	16
Grants for clothing or fuel from the Tippitt's Bequest Fund	..	..							14
Disinfections	..	..	..	..	..	..	..	..	7

The downward trend of previous years is continued, the only increase being in the small number of disinfections.

REHOUSING

With the reduction in the number of notifications and the progress of the general rehousing programme in the City, there has been a considerable reduction in the number of applications for help in rehousing from 238 in 1968 to 134 in 1969. Of these, 86 were allocated additional points and 27 recommended for rehousing under the quota scheme. Eighty were rehoused under the points scheme and 12 under the special quota.

REHABILITATION

The need for special rehabilitation on a large scale is steadily decreasing as a result of the greatly increased effectiveness of modern chemotherapy. Eighty-eight patients were helped by written reports on their capacity for work to the Disablement Resettlement Officer.

There were again no new admissions to the Remploi factory, and a reduction of one in the number of patients there who have in the past been treated for tuberculosis.

TABLE 1

TUBERCULOSIS—ALL FORMS

PRIMARY NOTIFICATIONS AND DEATHS FOR THE YEARS 1901—1969

	<i>Primary Notifications</i>	<i>Rate per 1,000 population</i>	<i>Deaths</i>	<i>Rate per 1,000 population</i>
1901—1910 (average)	—	—	1,309	1·65
1911—1920 („)	—	—	1,284	1·46
1921—1930 („)	1,824	1·91	1,031	1·08
1931—1940 („)	1,284	1·24	883	0·85
1941—1945 („)	1,285	1·29	793	0·82
1946—1950 („)	1,308	1·21	660	0·61
1951—1955 („)	1,321	1·18	292	0·26
1956	1,136	1·02	161	0·15
1957	973	0·88	145	0·13
1958	1,039	0·95	143	0·13
1959	793	0·73	104	0·10
1960	870	0·80	88	0·08
1961	809	0·73	82	0·07
1962	757	0·68	80	0·07
1963	725	0·65	84	0·08
1964	742	0·67	65	0·06
1965	673	0·61	50	0·05
1966	692	0·63	49	0·04
1967	649	0·59	40	0·04
1968	632	0·59	41	0·04
1969	591	0·54	29	0·03

TABLE 2

RESPIRATORY TUBERCULOSIS

PRIMARY NOTIFICATIONS AND DEATHS FOR THE YEARS 1901—1969

	<i>Primary Notifications</i>	<i>Rate per 1,000 population</i>	<i>Deaths</i>	<i>Rate per 1,000 population</i>
1901—1910 (average)	—	—	993	1.25
1911—1920 („)	—	—	1,059	1.20
1921—1930 („)	1,533	1.61	892	0.94
1931—1940 („)	1,082	1.05	793	0.76
1941—1945 („)	1,096	1.13	712	0.73
1946—1950 („)	1,151	1.07	608	0.56
1951—1955 („)	1,183	1.06	272	0.24
1956	1,029	0.93	150	0.14
1957	844	0.77	134	0.12
1958	926	0.85	137	0.13
1959	704	0.64	96	0.09
1960	778	0.71	79	0.07
1961	705	0.64	76	0.07
1962	671	0.60	74	0.07
1963	625	0.56	75	0.07
1964	633	0.57	61	0.06
1965	563	0.51	46	0.04
1966	586	0.53	45	0.04
1967	529	0.48	37	0.03
1968	493	0.46	38	0.04
1969	455	0.42	27	0.02

TABLE 3

NON-RESPIRATORY TUBERCULOSIS

PRIMARY NOTIFICATIONS AND DEATHS FOR THE YEARS 1901—1969

	<i>Primary Notifications</i>	<i>Rate per 1,000 population</i>	<i>Deaths</i>	<i>Rate per 1,000 population</i>
1901—1910 (average)	—	—	317	0·40
1911—1920 („)	—	—	224	0·26
1921—1930 („)	290	0·31	139	0·14
1931—1940 („)	202	0·19	90	0·09
1941—1945 („)	162	0·16	81	0·09
1946—1950 („)	157	0·15	52	0·05
1951—1955 („)	139	0·12	20	0·02
1956	107	0·10	11	0·01
1957	129	0·12	11	0·01
1958	113	0·10	6	0·01
1959	89	0·08	8	0·01
1960	92	0·08	9	0·01
1961	104	0·09	6	0·01
1962	86	0·08	6	0·01
1963	100	0·09	9	0·00
1964	109	0·10	4	0·00
1965	110	0·10	4	0·00
1966	106	0·10	4	0·00
1967	120	0·11	3	0·00
1968	139	0·13	3	0·00
1969	136	0·13	2	0·00

TABLE 4

NOTIFICATIONS OF RESPIRATORY TUBERCULOSIS BY SEX
AGE GROUP AND PLACE OF BIRTH

Age group	MALES					
	1953/55 (Mean)	All birth Places			Born in	Born
		1967	1968	1969	British Isles 1969	Elsewhere 1969
0—4	39	26	27	28	26	2
5—9	34	21	18	18	10	8
10—14	29	12	26	20	8	12
15—19	64	26	26	36	8	28
20—24	64	23	13	26	13	13
25—34	114	55	46	38	13	25
35—44	101	60	45	37	16	21
45—54	112	55	51	36	21	15
55—64	92	48	41	42	33	9
65+	34	30	20	25	24	1
All Ages	683	356	313	306	172	134

FEMALES

<i>Age groups Years</i>	<i>1953/55 (Mean)</i>	<i>All birth Places</i>			<i>Born in British Isles 1969</i>	<i>Born Elsewhere 1969</i>
		<i>1967</i>	<i>1968</i>	<i>1969</i>		
0—4	32	31	34	23	18	5
5—9	36	10	17	12	6	6
10—14	29	19	5	9	6	3
15—19	75	13	12	17	7	10
20—24	73	18	19	7	3	4
25—34	112	26	30	25	10	15
35—44	53	23	28	28	12	16
45—54	30	11	13	12	9	3
55—64	23	9	13	12	10	2
65+	14	13	9	4	3	1
All Ages	477	173	180	149	84	65

TABLE 5

NOTIFICATIONS OF NON-RESPIRATORY TUBERCULOSIS BY SEX
AGE GROUP AND PLACE OF BIRTH

MALES

<i>Age group Years</i>	<i>1953/55 (Mean)</i>	<i>All birth Places</i>			<i>Born in British Isles 1969</i>	<i>Born Elsewhere 1969</i>
		<i>1967</i>	<i>1968</i>	<i>1969</i>		
0—4	5	3	1	2	2	0
5—9	12	1	3	5	3	2
10—14	5	3	5	7	3	4
15—19	6	5	10	15	0	15
20—24	9	10	8	4	2	2
25—34	14	15	29	18	2	16
35—44	3	14	20	16	2	14
45—54	5	7	4	6	0	6
55—64	2	1	7	4	0	4
65+	2	1	1	0	0	0
All Ages	63	60	88	77	14	63

FEMALES						
<i>Age group Years</i>	<i>All birth Places</i>				<i>Born in</i>	<i>Born</i>
	<i>1953/55 (Mean)</i>	<i>1967</i>	<i>1968</i>	<i>1969</i>	<i>British Isles 1969</i>	<i>Elsewhere 1969</i>
0—4	8	4	2	1	1	0
5—9	7	2	1	1	0	1
10—14	7	1	2	1	0	1
15—19	10	6	2	9	2	7
20—24	11	4	8	8	2	6
25—34	15	16	15	18	6	12
35—44	6	11	9	8	0	8
45—54	4	6	3	6	2	4
55—64	2	3	4	2	2	0
65+	2	7	5	5	5	0
All Ages	72	60	51	59	20	39

TABLE 6

NOTIFICATION OF NON-RESPIRATORY TUBERCULOSIS
BY SITE OF DISEASE
(all ages, both sexes)

Disseminated	..	..	..	..	..	..	..	..	..	5
Meningitis..	..	..	..	..	..	..	..	..	..	2
Bones, joints and spine	..	..	..	..	..	..	..	..	..	9
Abdomen ..	..	..	..	..	..	..	..	..	..	25
Glands ..	..	..	..	..	..	..	..	..	..	74
Other sites	..	..	..	..	..	..	..	..	..	21
TOTAL ..	..	..	..	..	..	..	..	..	..	136

TABLE 7

DEATHS FROM RESPIRATORY TUBERCULOSIS
BY SEX AND AGE GROUP

<i>Age Group Years</i>								<i>Males</i>	<i>Females</i>
0—4	..	..	..	..	..	..	..	0	0
5—14	..	..	..	..	..	..	..	0	0
15—24	..	..	..	..	..	..	..	0	1
25—44	..	..	..	..	..	..	..	1	0
45—64	..	..	..	..	..	..	..	11	3
65+	..	..	..	..	..	..	..	8	3
All Ages	..	..	..	..	..	..	..	20	7

TABLE 8

PLACE OF BIRTH OF INDIVIDUALS NOTIFIED AS SUFFERING
FROM TUBERCULOSIS IN BIRMINGHAM

		1956/57 (Mean)	1958/59 (Mean)	1960/61 (Mean)	1962	1963	1964	1965	1966	1967	1968	1969
<i>British Isles</i>												
England	..	773	626	531	455	411	394	316	332	283	241	218
Scotland	..	15	8	12	14	12	9	10	9	8	10	12
Wales	..	19	16	11	10	22	12	9	11	16	6	5
Ireland	..	131	122	110	91	81	83	73	67	59	57	55
<i>Rest of Europe</i>												
		12	10	8	9	6	8	8	5	7	8	4
<i>Asia</i>												
India	..	27	26	19	26	39	56	73	91	112	122	120
Pakistan	..	26	60	90	109	111	132	137	141	127	153	139
Others	..	9	13	6	6	14	13	12	6	4	4	5
(All Aden)												
<i>Africa</i>	.. ..	4	2	3	3	5	4	4	7	6	13	9
<i>America</i>												
West Indies	..	11	13	26	20	11	15	26	13	20	15	12
Others	..	1	2	1	0	1	1	0	2	0	0	0
<i>Not known</i>	..	26	18	20	14	12	15	5	8	7	3	12
TOTALS	..	1,054	916	837	757	725	742	673	692	649	632	591

TABLE 9

NOTIFICATION OF TUBERCULOSIS (All Forms)
IN CHILDREN IN BIRMINGHAM 1969

Place of birth of parents				Age group of children notified (years)				No. of children born in U.K.	
				0-4	5-9	10-14	0-14	0-14	
U.K.	..	..	..	5	5	9	19	19	
Ireland	..	..	..	7	6	6	19	19	
Pakistan	..	..	..	14	5	9	28	11	
India	..	..	..	21	13	9	43	24	
British Caribbean	..	..	..	5	4	1	10	8	
Other	..	..	..	2	3	3	8	2	
				54	36	37	127	—	
No. of children born in U.K.				47	19	17	—	83	

CARE OF MOTHERS AND YOUNG CHILDREN

(Section 22 – National Health Service Act, 1946)

DAY NURSERIES

On the 1st January, 1969 there were 1,035 children (955 places) in the twenty day nurseries. The average daily attendance has increased from 758.3 in 1968 to 798.1 in 1969. Had there not been an outbreak of infective hepatitis in four day nurseries, which necessitated long periods of quarantine, the average daily attendance would have been higher. A feature of the last five years has been the increase in the number of children admitted because the mother has separated from her husband or the mother has deserted – the latter group being very much fewer in number than the former. These mothers are usually very young with one or two children, they have married in their teens, the marriage breaks down and the young father goes to another city – there sometimes to set up another establishment. To give these young mothers some measure of justice it seems that the state should enforce by law that a proportion of the man's earnings should be attached and paid to these mothers. The present system where the mother has repeatedly to go to court to enforce payments, if she succeeds in tracing her husband, ends so often in disillusionment and apathy. The tragedy is heightened by the fact that she has to abandon whatever little home or possessions that she has gathered together and return to her parents with her children. On average there have been fourteen children on a non-fee paying basis in attendance even though in some cases the father was working and earning. The alternative in each of these cases was either a gross deterioration of the child's health through neglect or the admission to a children's home. The number of children admitted in the non-priority group has shown a slight increase due entirely to the admission of a greater number of women teachers' children. Again, the alternative would have been leaving a class of children without a teacher.

Handicapped Children at Day Nurseries

One of the problems facing nursery matrons and physiotherapists is the lack of physical aids to help the handicapped child. Much of the present equipment used is adult but scaled down. A normal baby in aiding his development should lie or scramble about on a rug on the floor. He lives in an environment of adult legs, play things, different textures and colours. The handicapped child is usually in a chair where the centre of gravity is too high. A recent publication "Aids for the Disabled" issued by the B.M.A., did not refer to handicapped children nor was there a paediatrician on that particular committee.

During the year there was an average of 53 gravely handicapped children in attendance but towards the autumn 12 were withdrawn, the majority going to special schools, but in some the improvement was so marked that they have been admitted to normal infant schools.

John, a handicapped boy, was born two months prematurely with a birth weight of three pounds. He was admitted at two years of age. He was retarded mentally, clumsy – knocking over objects – unable to play to his own satisfaction as his hand/eye co-ordination was poorly developed. He was a tempestuous child given to tantrums, yet intelligent enough to be frustrated by his own shortcomings. His gait was unsteady, stumbling and hesitant. He responded well to nursery life and the unceasing care and stimulation by staff. At the end of six months his tantrums had ceased, he could feed himself but for a time was a despair to those who watched him as his aim was so poor with defective co-ordination. He improved and became toilet trained. At five years of age his vocabulary was normal, his walking somewhat unsteady and his co-ordination fair to good. The crowning achievement was that a seemingly hopeless case in the educational sense was an admission to an infant school.

Year after year the temptation to quote such case histories is great, not however in any way to boast of an achievement but to show that, had many more handicapped children the opportunities of John, it could well happen that their life afterwards could be immeasurably different.

The staff of day nurseries have increased the number of day outings to broaden the experience of day nursery children. This is so necessary because so many of these children are deprived.

Urban Social Programme

Approval has been given for the extension of eight day nurseries which will provide accommodation for 80 more children and training places for eight more staff. Work has already commenced on the first phase and it is hoped that the first six extensions will be completed by the end of March, 1970. A further three nurseries will be included in the second phase.

Study Days

As a refresher, lectures were again given to nursery staff on the “Battered Baby Syndrome” and “Handling Children with a Handicap” amongst other lectures. It can be stated that a previous lecture on the battered baby saved a child's life during the year. Where a child is admitted suspected of being battered

there is an instruction to staff that he should be stripped and examined on admission each day. One of these unfortunate children was examined in this way by the nursery matron. The child was suspected of being severely injured, – an administrative medical officer visited and admitted the child to hospital where he was found to have a ruptured duodenum. Were it not for this matron's knowledge of the condition and her prompt action the child could well have died from peritonitis.

CITY DAY NURSERIES

(1) NUMBER OF CHILDREN ON DAY NURSERY REGISTERS

	<i>0—1 year</i>	<i>1—2 years</i>	<i>2—5 years</i>	<i>Total</i>	<i>Average daily attendances</i>	
					<i>1968</i>	<i>1969</i>
1st January, 1969	137	256	642	1,035	758	758·32
31st December, 1969	119	254	639	1,012		798·08

(2) ANALYSIS OF CHILDREN ON REGISTERS AT 31st DECEMBER, 1969

GROUP 1. Children whose mothers are the main or sole support of the home.

Unmarried mothers..	..	..	..	..	..	..	487
Widows .. ..	..	..	..	..	..	..	24
Women separated from husbands			..	..	..	..	224
Husbands in prison	..	..	..	..	..	..	6
							<hr/>
							741
							<hr/>
							741

GROUP 2A. Children whose mothers are ill etc.

Husbands sick or disabled	..	..	..	..	..	..	9
Mothers' death .. ..	..	..	..	..	..	..	8
Mothers' desertion .. ..	..	..	..	..	..	..	35
Mothers' long term illness ..	..	..	..	..	..	..	16
Mothers' short term illness	..	..	..	..	..	..	7
Mothers' confinement	..	..	..	..	..	..	3
							<hr/>
							78
							<hr/>
							78

GROUP 2B. Children requiring admission for reasons of health or normal development etc.

Deaf or blind parents	..	..	..	..	..	..	3	
Financial difficulties	..	..	..	..	..	..	27	
Housing—adverse home conditions	..	..	..	..	..	..	13	
Problem families	..	..	..	..	..	..	3	
Handicapped children or children failing to progress normally..							37	
(plus 4 already accounted for among unmarried mothers)								
							83	83

GROUP 3.

Children of teachers	..	..	..	..	..	..	38	
Children of nurses	..	..	..	..	..	..	34	
Children of doctors	..	..	..	..	..	..	4	
Non-priority cases	..	..	..	..	..	..	32	
(This group was admitted on a temporary basis)								
Out-of-City cases	..	..	..	..	..	..	2	
							110	110
								1,012

NUMBER OF CHILDREN ON WAITING LISTS

		<i>0—1</i> <i>year</i>	<i>1—2</i> <i>years</i>	<i>2—5</i> <i>years</i>	<i>Total</i>
1st January, 1969					
Priority	..	.. 68	81	100	249
Non-priority	..	.. 60	184	255	499
					748
31st December, 1969					
Priority	..	.. 94	123	135	352
Non-priority	..	.. 96	210	283	589
					941

Nurseries and Child Minders Regulation Act, 1948, as amended by Section 60, Health Services and Public Health Act, 1968

Child Minders

In 1969 the full effects of Section 60 of the Health Services and Public Health Act, 1968, were felt. One effect of this Act is to require the registration of a child minder who is looking after one or more children under school age for reward where the child is not related to the minder. Previous legislation allowed a person to look after up to two children without registration. The new Act has involved clerical and visiting staff in a large amount of extra work and in 1969 the number of new registrations for child minders was 241 as compared with 107 in 1968. Of this number 69 child minders would not have needed registration under the old legislation. Although there has been an increase in work load the new Act has enabled the Health Department to supervise many more child minders, some of whom are of a low standard.

In 1969 the Section had the part time services of one health visitor and three state registered nurses who acted as special visitors. A medical officer was also able to devote one session per week to seeing special problem minders. The special staff carry out visits under the legislation relating to child minders and this has removed the need for area health visitors to go into the homes of child minders as "inspectors". The area health visitors were then able to concentrate on preventive health visiting and to form a much more satisfactory relationship with child minders. In 1969 the number of supervisory visits increased dramatically, there being 3,324 visits made as compared with 1,290 visits carried out in 1968.

There has been increasing concern about the number of child minders whose standard of child care appears to be very poor. In these cases children are often left alone with no toys and no opportunity to develop normal social contacts. These children may later be found in the group of non-communicating children with all the attendant educational and social difficulties. At the end of 1969 plans were being considered for improving this situation and it is hoped that in 1970 more efficient communication will be established between Health Department staff and child minders. By better communication it is hoped that it will be possible to initiate a simple programme of talks aimed at improving the standards of child care.

The problem of the unregistered minder has continued to cause concern to the Department. When unregistered minders come to the notice of the Department they are investigated. Many are found to have low standards of hygiene, safety and child care. Many have no fireguards and a large number use paraffin heaters. The problem is difficult to deal with as very often the unregistered minder promises to stop taking children but fails to act on these promises until the question of possible Court action arises. At this point the minder will often stop taking children but after a few weeks will re-start minding. These people are constantly visited and take up a large part of the time of the special visiting staff.

The practice of leaving fires unguarded has been apparent even amongst registered child minders. Before a person is registered she must have a proper nursery fireguard but many seem reluctant to use the guard after registration. At follow up visits to registered child minders the visitors are constantly finding guards that are not fixed or, in some cases, not even in place. It is indeed disappointing that, in many cases, pressure is needed to persuade a minder of the wisdom of using a good fireguard. The lack of or ineffective use of fireguards probably presents the greatest physical hazard to children being minded.

Investigation of complaints against registered and unregistered child minders has formed a significant part of the work of the special visitors. In many cases it is difficult to take effective action as the complaints are almost always anonymous. However, all complaints are thoroughly investigated and the minder is placed under more frequent surveillance. The increased frequency of visiting often leads to an improvement in conditions.

Playgroup Activities

Playgroup activities have continued to flourish during the year. The playgroup is an interesting development in pre-school activity. It is not a substitute for day nursery care but provides an opportunity for mother and child to participate in joint social contact with other mothers and children.

Formalisation of playgroup activities by introducing trained staff to give set instruction, to the exclusion of mothers, would be a retrograde step. The playgroup is better run by mothers with access to professional advisers and this is where the training and experience of the health visitor or nursery nurse would be most useful. The policy of the Health Committee recognizes the important place of the playgroup in the overall picture of child development and encouragement is given to individuals wishing to set up playgroups.

Most of the playgroups are to be found in the less depressed areas of the City. However, organisations such as Priority Area Playgroups and the Sparkbrook Association, to name but two, are opening playgroups in the more needy areas of the City.

The professional staff of the Health Department has maintained close contact with playgroups during the year and has given advice and encouragement where needed. Staff of the Children's Department have made increasing use of playgroups as part of the activities used to reduce pressure on stressed families.

Private Day Nurseries

There are 25 private day nurseries in the City. Most are well run but a few require frequent visiting to ensure that the minimum standards are met. During the year there have been several enquiries from hospitals and factories as to the possibility of setting up day nurseries for the children of the staff, their purpose being to attract staff from the large pool of married women with children. None of these enquiries resulted in registration of a nursery. Many withdrew on account of the cost of maintaining a nursery to the standards required. In general the private nursery is a profit making organisation and this has influenced the type and background of children admitted. There are few children admitted to private nurseries whose parents cannot afford the full fee.

REGISTERED CHILD MINDERS, PLAYGROUPS AND PRIVATE NURSERIES

	<i>Persons</i>		<i>Playgroups</i>		<i>Nurseries</i>	
	<i>Number registered</i>	<i>Places</i>	<i>Number registered</i>	<i>places</i>	<i>Number registered</i>	<i>places</i>
As at 1.1.1969. . . .	434	2,163	76	2,085	17	488
New applications . .	241	828	45	890	3	67
Additional places . .	5	16	—	—	—	—
Resignations	139	665	—	—	—	—
Registration cancelled . .	—	—	—	—	—	—
As at 31.12.1969. . .	536	2,342	121	2,975	20	555

In addition to the above, 21 Playgroups meet on Personal and Child Health Centre premises, catering for 334 children and 18 special groups for handicapped pre-school children are held at varying intervals.

CARE OF THE UNMARRIED MOTHER

The total number of illegitimate babies born in the City to residents was 2,107, a decrease of 55 on 1968. The decline in the number of live births, however, caused an increase in the proportion of illegitimate live births per 1,000 to 110.90.

<i>Year</i>	(1) <i>Proportion of live illegitimate births per 1,000 live births</i>	(2) <i>Infant Mortality rate of illegitimate infants</i>	(3) <i>Mothers interviewed at Public Health Department*</i>	
			<i>Primiparae</i>	<i>Multiparae</i>
1962	102.30	31.65	856	731
1963	104.08	35.71	764	597
1964	105.33	29.26	666	623
1965	103.59	30.04	606	655
1966	106.11	27.38	842	308
1967	106.73	25.39	999	225
1968	106.73	23.12	694	322
1969	110.90	22.78	547	250

*excluding married women

It had been expected, with the Abortion Act and the much widespread use of "The Pill" that the number of illegitimate births would have shown a sharp decrease. On a detailed study of the relative 1969 statistics it is noted that, whereas there was an increase in numbers during the first eight months, there was a significant decrease in the last four months.

During 1969 there were 855 girls who applied for advice or help. (1968 – 1,103, 1967 – 1,318). Of these, 547 were having their first baby, 250 were multiparae and 38 were married women having illegitimate babies.

Since 1960 the following numbers of girls aged sixteen and under came to the Department for help:-

1960	..	..	..	..	39	1965	..	..	..	..	100
1961	..	..	..	..	110	1966	..	..	..	..	128
1962	..	..	..	..	120	1967	..	..	..	..	148
1963	..	..	..	..	123	1968	..	..	..	..	113
1964	..	..	..	..	134	1969	..	..	..	..	117

Pregnancy in a young girl is a particularly disturbing situation as she is probably emotionally and intellectually immature and social circumstances may be harrowing. Young girls are healthier and more mature physically today than in previous generations and are capable of bearing a child at an earlier age. The young earn more and a culture particular to the teenager has developed which rejects adult authority. An unprecedented emphasis on sexuality is set in all classes of society by both the married and unmarried. Society appreciates this sexuality, wishes to prevent conception, but fears the emergence of a generation that rejects continence and chastity.

It has been possible in 1969 to find a bed for every antenatal girl if hospital delivery and accommodation at a mother and baby home were necessary. Because of the influence of "The Pill", "the Abortion Act", and the non-rejection of unmarried daughters by their parents, there were vacancies at all mother and baby homes during the year. Meetings were held with representatives from all the voluntary homes to see how the City would fare if the Local Authority home were closed. Due to their co-operation it is envisaged that Beechcroft, the Local Authority home, will close in the new year.

As compared to some of the advanced European countries, the adoption rate of babies by their unmarried mothers is high in this country. For the unmarried mother who lives apart from her parents, the pressures and lack of support incline the mother to think of adoption as the only solution. Her problems are bound up to a varying degree and in different circumstances, to matters of accommodation, money, isolation and the future of her child. Each unmarried mother in a short period of time has more problems or a combination of problems facing her than many people have in a lifetime. Rented accommodation is expensive in cities, her earning capacity is often low and society, although more liberal in recent years, tends to isolate her or she may isolate herself, timorous of society's attitude. To anyone outside looking in the prob-

lems are vicious enough but to be caught in the vortex can be appreciated only by the unmarried mother. In Denmark unmarried mother and baby homes are being phased out as old-fashioned and the mother gets support from the state and the father. Allegedly here, when the unmarried mother approaches the father of her child, she is told by the father that he will get his colleagues or workmates to swear they have had intercourse with her. It would seem sensible, as they do in some of the Scandinavian countries where the state collects maintenance from the father and where there is no corroborative evidence as to who may be the actual father, that all the possibilities are taken into account and the maintenance reclaimed by dividing the amount amongst them. In Denmark 95 per cent of unmarried mothers keep their babies as compared to some 60 per cent here. Flatlets are provided and their schemes are subtly directed towards the care of the illegitimate baby while sexual behaviour is linked with responsibility.

It is pleasing to report that the hostel run by the Birmingham Friendship Housing Association – Sunnyside – was re-opened this year, following major alterations made to existing premises. It can now provide eight bed sitting rooms for mothers with one or more children. There are communal laundry and dining room facilities and mothers go out to work. Suitable accommodation for mothers keeping their babies is pressing and we are indebted again to the Birmingham Housing Trust who provide one-bedroomed flats in houses that have been converted to a very high standard at a reasonable rental.

Beechcroft Mother and Baby Home

During the year, 61 mothers were admitted and 74 discharged, 38 babies were discharged home, 15 were placed for adoption, 6 were taken into care by the Children's Department, 1 mother and baby went to Sunnyside, 10 mothers found their own accommodation for themselves and their babies in flats and 4 were accommodated by Birmingham Housing Trust in flatlets. The pilot scheme for preparation for adoption between the Children's and Health Departments has worked well and adoptions in most cases were completed in good time.

The series of evening films and talks on baby care and beauty etc., were given by the social workers and members of the staff of the College of Food and Domestic Art, to whom we are indebted, and mothers from the Grange home joined the girls from Beechcroft.

Our grateful thanks are given as usual to all those voluntary bodies whose help is so much appreciated in this type of service.

Statistics

(1) Arrangements for new cases in 1969

Primiparae

Multiparae

Married
Women

Accommodated in Mother and Baby Homes

Beechcroft	46	12	—
Francis Way	26	—	1
Woodville	18	—	—
Lyncroft House	8	—	—
The Grange	27	—	—
Sunnyside	—	1	—

Accommodated elsewhere

Homes out of City	1	—	—
Own home completely	4	3	1
Own home except for confinement	298	138	36
Left City before confinement	3	2	—
TOTAL	431	156	38

(2) Situation at the end of the year

Antenatal cases (including married women):

No. of cases

In homes awaiting delivery	13
In own homes awaiting delivery	216
Left City	—
Not pregnant	—
Abortions	1

Postnatal cases:

Miscarriages (including legal abortions)	4
Babies stillborn	3
Babies died	2
Babies adopted	70
Babies with foster mothers	25
Babies in residential nurseries	1
Mothers at home with their babies	404
Mothers married	66
Mothers living with putative fathers	34
Mothers and babies left City	2
Not pregnant	1
No trace	—
Abortions	13

TOTAL 855

(3) *Work of Administrative and Social Worker Staff*

Home visits paid re unmarried mothers	..	..	..	..	..	442
Mothers visited in hospital	..	..	..	..	..	9
Office interviews—applications	..	..	..	..	..	855
Office interviews—other than applications	..	..	..	..	..	333
TOTAL						1,639

(4) *Age grouping of all applicants*

12 years old	..	..	..	—	18 years old	..	..	..	125
13 years old	..	..	..	1	19 years old	..	..	..	112
14 years old	..	..	..	4	20 – 25 years old	..	..	..	299
15 years old	..	..	..	32	26 – 30 years old	..	..	..	69
16 years old	..	..	..	80	31 – 35 years old	..	..	..	20
17 years old	..	..	..	100	36 years old and over	..	..	..	13
TOTAL									855

(5a) *Multiparae (excluding married women)*

Para 1	..	..	..	..	..	..	..	..	..	146
Para 2	..	..	..	..	..	..	..	..	..	37
Para 3	..	..	..	..	..	..	..	..	..	37
Para 4	..	..	..	..	..	..	..	..	..	16
Para 5	..	..	..	..	..	..	..	..	..	5
Para 6	..	..	..	..	..	..	..	..	..	3
Para 7	..	..	..	..	..	..	..	..	..	3
Para 8 or more	..	..	..	..	..	..	..	..	..	3
TOTAL										250

(b) *Previous children born to these multiparae*

Died (including stillbirths and miscarriages)	..	..	..	..	18
In residential nursery	..	..	..	..	3
In care of relatives	..	..	..	..	29
Fostered	..	..	..	..	3
With mother	..	..	..	..	118
Adopted by relatives	..	..	..	..	2
Adopted	..	..	..	..	28

(6a) *Married women assisted – marital details*

Separated	40
Separated – living with putative father	5
Divorced	6
Divorced – living with putative father	—
Widowed	—
Married to putative father	—
Living with husband	7
TOTAL	58

(b) *Of these cases:*

Still antenatal at year end	20
Miscarriage	1
Mothers at home with babies	30
Babies adopted	5
Baby fostered	1
Mother and baby left City	1
TOTAL	58

(7) *Nationality (all applicants)*

(a) *Mothers*

British	551
Irish	148
West Indian	147
Asian	5
European	2
Others	2
TOTAL	855

(b) *Putative fathers (origin)*

British	432
Irish	151
West Indian	215
Asiatic Indian, including Pakistani	23
European, others	34
TOTAL	855

PERSONAL AND CHILD HEALTH CENTRES

Medical Officers in Department

The present establishment of medical officers in departments is such that the clinics can only be fully manned if all are present. When annual leave or sickness intervene it is necessary to hold non-medical sessions which place an extra burden on the already overworked health visitors.

Continuing the pattern of previous years, recruitment has proved difficult. Too often the applicants have neither the experience, training, aptitude nor inclination to carry out assessments and determine potential of the handicapped child, all of which attributes are an essential part of the armoury of a medical officer in the Child Health Services.

It is to be regretted that opportunities are so limited to send medical officers on Assessment Courses. There are none held in the Midlands and there is a limit to the in-service training that can be done in the Department. Extra mural courses create incentive and promote enthusiasm as well as teaching new techniques in this ever expanding branch of child medicine.

Amalgamation of the School Health and Child Health Services had been mooted for several years and in the early months of 1969 a pilot scheme was started in one area, followed by another in the early summer. Both proved successful. Obviously it is in the interests of the child to have continuous medical care and by the end of 1969 plans were afoot to amalgamate in the rest of the City when staff and circumstances permitted.

Personal and Child Health Centres

On 31st December, 1969, there were 49 centres and 7 subsidiary clinics. Due to the expansion of the health centre programme and the need to concentrate the limited facilities where most needed, it became necessary to close the two small adapted houses used as clinics on the Hollybank and Blackrock estates. The neighbouring larger clinics have provided the services formerly given from these centres. Due to the redevelopment of the area and the building of the Aston expressway it became impossible for mothers to push perambulators to Lancaster Street Clinic in the city centre and the personal and child health services were dispersed to neighbouring clinics.

Forty nine general practitioners are now accommodated in twelve health centres. During the year adaptations to convert the purpose built clinics to health centres at Yardley Wood and Weoley Castle were completed. Planning meetings were held with the architects, the general practitioners concerned, representatives from the Executive Council and this Department to ensure that

all services were catered for in present and future health centres and this has resulted in close integration of the general practitioners and local authority services.

Northfield health centre expanded its activities during the year with a fortnightly session being given by a consultant psychiatrist from Rubery Hill hospital. The general practitioners referred patients directly and advice and treatment were speedily given, thus avoiding a long wait for and a long journey to the hospital.

The social welfare officer attended regularly for a fortnightly session and her help and advice has made the health centre staff understand the difficulties involved with the admission of the elderly to welfare homes. The probation officer held a weekly session for clients and provided opportunities for case discussions with the staff. The health visitors and home nurses at this centre became so involved with one another's work and so intrigued by the future community care patterns that one home nurse was seconded for health visitor training and one health visitor seconded for district nurse training.

At all the health centres it was pleasing to note the regular working lunch time meetings included not only the general practitioners, home nurses, and health visitors but also child care officers, probation officers, psychiatric social workers, mental welfare officers, and other social workers of the area.

The health centres provided valuable training facilities for medical students at Nechells Green and applied studies facilities at Northfield. All the health centres took student district nurses, student health visitors, student nurses and other visitors and trainees.

Subsidiary clinics were held weekly at Elmwood Congregational Church Hall, Handsworth Wood; St. Augustine's Church Hall, Edgbaston, Shenley Green Youth Club; Hall Green and Acocks Green Baptist Church Halls and fortnightly in Culmington Hall tenants' room, Longbridge, and Deelands Road Tenants' Hall, Rubery. An additional subsidiary clinic was opened weekly at Church Road Catholic Church Hall, Kings Heath, in March in order to serve the Church Road area.

At all the personal and child health centres the number of sessions at which a medical officer attended was 4,633 as compared with 4,852 in 1968. There were 1,894 health visitors' advisory clinics as compared with 1,702 in 1968. During the year 385 individual children living outside the City attended our clinics and of these, 114 made more than 6 attendances during the year. Eighty seven individual mothers living outside the City attended the general practitioners' antenatal clinics in our centres and 234 individual out-of-City children also attended the general practitioner clinics.

Voluntary organisations and other Corporation departments used the centres on a sessional basis. The Birmingham Family Planning Association held 1,440 sessions in 19 clinics. The Birmingham Council for Old People held 340 sessions at Acocks Green, Kingstanding and Stirchley clinics where day centres for old people have been established. The School Health Service speech therapist gave 81 sessions of treatment at Kingstanding centre. Probation officers held 148 sessions at evening report centres at Acocks Green, Kings Heath and Wentworth Road clinics. Kings Heath clinic housed a "Slim Easy" evening club in June and 26 sessions were held during the year.

Twenty eight play groups for pre-school children were held in 20 personal and child health centres weekly. The contact with the health visitors and clinic medical officers has been invaluable and the stimulation afforded to the children attending the groups has been appreciated by the mothers. Some handicapped children have been encouraged to join these play groups but in addition sixteen weekly groups for handicapped children were held at the centres during the year. The good work of the physiotherapists who attended these groups must be placed on record. The variety of cases dealt with included physically handicapped children, coeliac disease, asthma, hypotonic children, cerebral palsy, slow developers, mongols, varying degrees of mental subnormality, spina bifida, hemiplegia and non-communicating children. An average of half an hour's physiotherapy was given to each individual child in addition to group therapy. The parents have been greatly encouraged by any progress made by these children and general practitioners have been appreciative of the efforts made at these groups organised by the health visitors with the guidance of a medical officer in department. Transport continues to be a problem and we are indebted to the good samaritans who transport some of these children weekly to the clinics. In a number of instances where it proved impossible to get a handicapped child to clinic and no other treatment was available, permission was obtained for the physiotherapist to visit the home. The all round benefit has proved the success of these visits as the physiotherapist can quickly assess the situation first hand.

Eight clinics continued to hold weekly physical activity classes for the elderly and the health visitors again received the support of the physiotherapists at these classes which are so well attended by the senior citizens who enjoy their exercises and dances. The tea break is popular, as are the discussions on health topics. Many of the old people become weight conscious after a talk on diet and the dangers of obesity and regular weighing and urine testing

sessions are held. Christmas parties and outings were organised and one enterprising group at Quinton Lane organised a trip to a lingerie factory and came back with renewed underwear !

Work at Local Authority Clinics

(1) ANTENATAL CLINICS:

These were held in conjunction with children's appointment clinics. The number of mothers who attended clinics staffed by our medical officers was 122 compared with 232 in 1968. At these clinics the number of blood samples taken from general practitioners' antenatal patients was 3,999 compared with 4,642 in 1968. Health visitors attended in-service training sessions at the General Hospital so that they have become proficient in the withdrawal of blood samples.

(2) RELAXATION CLASSES:

Classes were held at 42 centres. Six of the classes were taken by physiotherapists, 12 by midwives and the remainder by health visitors. 1,753 mothers made 7,301 attendances at these classes.

(3) POSTNATAL EXAMINATIONS:

Primary postnatal examinations totalled 44 and 4 re-examinations were made.

(4) REMEDIAL EXERCISE CLINICS:

240 individual children made 613 attendances at these clinics held by physiotherapists at six city clinics.

(5) SPECIAL CONSULTATION CLINICS AT CARNEGIE CENTRE:

Dr. B. S. B. Wood, consultant paediatrician, examined 74 children during 12 sessions. Clinic medical officers referred a wide variety of cases, and a number of Asiatic Indian children were seen with severe anaemia resulting from deficient diets.

The adoption clinic continued with 74 sessions at which 241 children were examined. Of these children 102 were for preliminary examination and 139 for final examination. 139 children were referred to Dudley Road hospital for chest x-rays where the local health visitor reported on the mantoux reaction following the test injection given at the adoption clinic.

(6) ORTHOPTIC SCREENING:

Three part-time orthoptists gave a total of 187 sessions to vision screening children attending clinics and day nurseries.

(7) SEWING CLASSES:

Sewing classes were held weekly at 21 clinics and twice weekly at two clinics and 7,436 attendances were made by mothers.

(8) HEALTH TALKS:

Individual client interviews during 1969 numbered 19,634 which demonstrates the fact that families in the area know their clinics and seek the health visitor's advice.

Parents evening meetings at child health centres attracted 454 attendances. Topics included the birth of a baby, child growth and development, family planning, cancer health education and venereal disease.

(9) CHIROPODY TREATMENT:

Expectant mothers made 84 attendances and children under five years made 90 attendances during 33 treatment sessions provided by one part-time chiropodist.

(10) SCREENING TESTS FOR DEAFNESS:

Health visitors carried out a total of 8,600 hearing tests on young children during 1969 as compared with 9,142 during 1968. 448 effective home visits were paid to children on the observation register who defaulted clinic appointments for this purpose.

Family Planning Activities

Due to a changed method of compiling statistics by the Family Planning Association, the breakdown is not similar to that presented in the 1968 Annual Report. At the end of 1969 sessions were held at 19 personal and child health centres and new clinics were opened at Greet, Warren Farm Road, Maypole and Weoley Castle centres. Additional sessions were opened at Alum Rock, Nechells and Northfield centres. Relevant statistics (figures for 1968 in brackets):-

Total no. of new patients	.. .. .	6,605	(5,941)
Total no. of doctor sessions	.. .. .	2,106	(1,620)
Total no. of attendances at Health Authority premises		41,066	
Total no. of attendances at Frederick Road..	..	20,451	
TOTAL ATTENDANCES		61,517	(61,023)
Total no. of sessions at Health Authority premises	..	1,440	(1,226)
Comprising			
All methods except I.U.D.	..	1,182	
All methods including I.U.D.	..	18	
I.U.D. only	.. .. .	240	

Since the beginning of 1969 Family Planning Association doctors have been able, once a patient is established on an oral contraceptive, to prescribe for a six month period instead of previously for three months only. Many patients then have had to visit their clinics only twice a year instead of three to four times as hitherto. This accounts for the discrepancy in the ratio of attendances to the increase in doctor sessions. Clinics were opened at Highcroft and Rubery Hill Hospitals. At the moment negotiations are taking place with consultants at Dudley Road Hospital to open a family planning clinic in the outpatient department during ante and postnatal clinics.

Domiciliary Family Planning

The total number of patients registered with this service is 577, of whom 524 were visited in 1969: 284 new patients were referred to the service in the year.

Statistics

Child Health Centres

(1) PERCENTAGE OF CHILDREN VISITED IN THEIR OWN HOMES WHO ATTENDED CHILD HEALTH CLINICS

<i>Year</i>			<i>0—12 months</i>	<i>1 year</i>	<i>2 years</i>	<i>3 years</i>	<i>4 years</i>
1967	..	..	66·1	56·6	27·6	17·1	12·0
1968	..	..	66·2	58·0	27·8	18·4	12·8
1969	..	..	66·2	54·9	27·0	17·7	12·2

(2) FREQUENCY OF ATTENDANCE AS A PERCENTAGE OF ATTENDERS IN EACH AGE GROUP

<i>Children who made</i>	<i>0—12 months</i>			<i>1 year</i>			<i>2—5 years</i>		
	<i>1967</i>	<i>1968</i>	<i>1969</i>	<i>1967</i>	<i>1968</i>	<i>1969</i>	<i>1967</i>	<i>1968</i>	<i>1969</i>
1—5 attendances ..	69·0	70·4	70·3	73·4	74·7	75·4	96·1	96·5	96·1
6 or more attendances ..	31·0	29·6	29·7	26·6	25·3	24·6	3·9	3·5	3·9

(3)

CHILDREN'S CONSULTATION CLINICS
(BIRTH TO 5 YEARS)

Number of clinics held:

(1) With doctor attending	..	..	..	..	..	..	2,711
(2) Without doctor attending	..	..	..	..	..	..	1,627
New children attending	..	..	..	..	..	..	12,365
Total attendance	..	..	..	..	..	..	89,067
Average attendance per clinic	..	..	..	..	..	..	20.5
Total examined by doctor	..	..	..	..	..	..	30,512
Average seen by doctor per consultation clinic	..	..	..	..	..	..	11.2
Children referred elsewhere	..	..	..	..	..	..	826

(4) ANTENATAL AND CHILDREN'S COMBINED CLINICS—CHILDREN
ATTENDING

Number of combined clinics:

(1) With doctor attending	..	..	..	..	..	..	1,922
(2) Without doctor attending	..	..	..	..	..	..	267
New children attending	..	..	..	..	..	..	4,121
Total attendances	..	..	..	..	..	..	31,026
Average attendance per clinic	..	..	..	..	..	..	14.1
Total number seen by doctor	..	..	..	..	..	..	17,670
Average seen by doctor per combined clinic	..	..	..	..	..	..	9.2

(In addition, there were 613 examinations of expectant mothers and the number of blood specimens obtained from general practitioners' cases was 3,999, an average of 2 per clinic.)

(5) INFANT WELFARE CLINICS WITH GENERAL PRACTITIONERS

(a) *At Centres:*

(i) Individual children attending General Practitioners' clinics only:

Under 1 year	808	} 2,731
1 year	..	..	929
2—5 years	..	..	994

Frequency of attendance:

<i>Individual children who made</i>	<i>0 - 12 months</i>		<i>1 year</i>		<i>2 - 5 years</i>	
	<i>No. who attended</i>	<i>% of G.P. clinic attenders</i>	<i>No. who attended</i>	<i>% of G.P. clinic attenders</i>	<i>No. who attended</i>	<i>% of G.P. clinic attenders</i>
1-5 attendances	527	65.2	658	70.8	920	92.6
6 or more attendances	281	34.8	271	29.2	74	7.4
TOTALS	808	100.0	929	100.0	994	100.0

(ii) Individual children attending both general practitioners' clinics and local authority clinics:

Under 1 year	359	} 1,597
1 year	530	
2 - 5 years	708	

<i>Individual children who made</i>	<i>0 - 12 months</i>		<i>1 year</i>		<i>2 - 5 years</i>	
	<i>No. who attended</i>	<i>% of G.P. clinic attenders</i>	<i>No. who attended</i>	<i>% of G.P. clinic attenders</i>	<i>No. who attended</i>	<i>% of G.P. clinic attenders</i>
1-5 attendances	211	58.8	348	65.7	673	95.1
6 or more attendances	148	41.2	182	34.3	35	4.9
TOTALS	359	100.0	530	100.0	708	100.0

Total attendances under (a) (i) and (ii)

Children 0 - 5 years	16,268
Examined by general practitioners	8,371
Seen by health visitors only	7,897
Attendances for immunisation	8,285
Attendances at health talks given by health visitors ..	3,391

(b) *At General Practitioners' Surgeries:*

Total attendances:

Under 1 year	4,849	} 7,211
1 year ..	..	..	1,338
2 - 5 years	..	..	950
Over 5 years	..	..	74

Examined by general practitioners	..	..	..	3,460
Seen by health visitors only	..	..	..	3,751
Attendances for immunisation	..	..	..	4,424
Attendances at health talks given by health visitors	..	..	..	1,918

(6)

HANDICAPPED CHILDREN

The following table shows children notified during the year in accordance with the Education Act, 1944, to the Local Education Authority as having important defects discovered either during the course of home visiting or at clinics.

<i>Category of Defects</i>										<i>No. of Cases</i>
a.	Totally blind	..	..	..	..	..	..	..	..	3
b.	Partially sighted	..	..	..	..	..	..	..	..	20
c.	Totally deaf	..	..	..	..	..	..	..	..	8
d.	Partially deaf	..	..	..	..	..	..	..	..	14
e.	Educationally sub-normal (mentally backward)	..	..	..	..	..	..	..	..	139
f.	Epileptic	..	..	..	..	..	..	..	..	8
g.	Maladjusted (emotional instability or psychological disturbance)	..	..	..	..	..	..	..	..	11
h.	Physically handicapped	..	..	..	..	..	..	..	..	52
	Spastic condition	..	..	..	..	..	..	..	..	28
i.	Defective speech (not due to deafness)	..	..	..	..	..	..	..	..	16
j.	Delicate	..	..	..	..	..	..	..	..	165
	(diabetes 3; Tuberculosis 49; Haemophilia 4; Asthma 23; Coleliac disease 6; Bronchiectasis 0; Congenital heart disease 29; other disorders 51)									
k.	No. of children with a combination of defects (included above)	..	..	..	..	..	..	..	..	51

(7)

INCIDENCE OF ASTHMA

<i>Year of Birth</i>	<i>Number of Children Reported during 1969</i>									
1964	10
1965	7
1966	4
1967	2
										23

SCREENING TESTS

1. Cervical Cytology

The demand for this service fell sharply during the last few months of the year. There were ample hospital laboratory facilities but it is a difficult matter to keep public interest in the service. To provide a constant demand for smear tests would involve a costly and continuous advertising campaign beyond present financial resources. For instance, a prominent advertisement in the women's supplement of the City evening newspaper attracted only 158 applicants. Publicity by the Department of Health and Social Security on a national scale through television would be the only answer. The policy at present is to concentrate energies on that group of women in whom the incidence of grade four or five smears is higher than in the population as a whole. With this in mind, efforts are being made through the Birmingham Trades Council to encourage industrialists who employ a high proportion of female labour to have smear test clinics run by the Public Health Department on their premises.

Grade Four and Five Smears.

(a) Rate per 1,000 by age group, 1969 (1968 figures in brackets)

20-30 yrs. —	·6(1·8)	51-60 yrs. —	5·1(4·6)
31-40 yrs. —	1·7(3·3)	61+ yrs. —	figures not statistically significant.
41-50 yrs. —	3·9(4·9)		

Overall rate 2·4 per 1,000

(b) Aggregates for years 1967 — 1969 and rates per 1,000

20-30 yrs. —	1·0 (11,415 smears)
31-40 yrs. —	2·4 (11,022 smears)
41-50 yrs. —	5·0 (10,266 smears)
51-60 yrs. —	6·0 (4,361 smears)
61+ yrs. —	figures not statistically significant.

It is noted that the overall rate per 1,000 of grade four and five in 1967 was 5·9, in 1968 — 3·4 and in 1969 — 2·4. It would seem that as cytologists acquire greater experience, identification of grade four and five smears becomes more accurate. It is interesting, too, to note the difference in case finding in

Below are given the relevant statistical data by type of clinic:—

CERVICAL CYTOLOGY FOR 1969

	No. of smears taken	No. grade 4 or 5	Years 20-30 No. taken	No. grade 4 or 5	Years 31-40 No. taken	No. grade 4 or 5	Years 41-50 No. taken	No. grade 4 or 5	Years 51-60 No. taken	No. grade 4 or 5	Years 61+ No. taken	No. grade 4 or 5
Child Health Centres	7 040 †(9,551)	16 (40)	1,508 (1,582)	— (3)	2,298 (3,350)	2 (11)	2,202 (3,198)	9 (19)	902 (1,246)	4 (7)	130 (175)	1 (0)
Factories or commercial premises	4 680 (2,913)	15 (8)	1,146 (726)	— (2)	843 (553)	4 (1)	1,653 (906)	5 (3)	999 (680)	5 (2)	39 (48)	1 (0)
*Family Planning	5 440 (3,461)	7 (7)	3,533 (2,169)	4 (3)	1,373 (923)	2 (4)	412 (257)	1 (0)	16 (23)	— (0)	1 (1)	— (0)
General practitioners' surgeries	292 (253)	3 (0)	77 (12)	— (0)	93 (88)	— (0)	72 (149)	2 (0)	50 (4)	1 (0)	— (0)	— (0)
TOTALS:	17,452 less 105	41	6,264	4	4,607	8	4,339	17	1,967	10	170	2

† 1968 figures in brackets.

* 105 did not have age group or date of birth noted

different environments. There are two factories in the City employing a large number of female employees. One of these factories draws its workers from a poorly housed area where there are few bathrooms, the other is in a garden suburb where there are bathrooms in most of the houses. In the former factory the rate per 1,000 of grade four and five smears was double that of the latter. The number of smears taken is not sufficient to draw any conclusions but it is interesting to suggest that perhaps the toilet habits of people, both male and female, are not taken sufficiently into account as a causative factor of carcinoma of the cervix.

Grade Three Smears.

An amount of attention has been paid in the literature to abnormal cell findings (1969)—

20-40 yrs. —	5.0 (10,871 smears)	} excluding 105 of unknown age group.
41-65 yrs. —	5.6 (6,376 smears)	
Overall rate —		5.6 (17,452 smears)

The average number of clinics per week has fallen from 14 at the beginning of the year to five. On the 31st December, 1969, there was one factory on the waiting list and there were no waiting lists at two of the 12 personal and child health centres, the maximum waiting at any child health centre was 50. On the whole this is a very disappointing business considering the finances and energy spent by hospitals and Local Authority staff. When Local Authority clinics were started it was hoped that a urinary screening test and screening of breasts by palpation could be provided as a service. However, there are not sufficient domiciliary nursing staff to undertake these additional investigations. All this type of screening is carried out by domiciliary midwives.

2. Orthoptic Screening for Eye Defects

Screening is carried out by orthoptists from Selly Oak hospital at child health sessions, immunisation clinics and day nurseries. Squints and other eye defects are referred by medical officers for further examination to consultant ophthalmologists.

(a)	No. of children examined	..	..	..	..	..	..	7,894
Age	0-2 yrs.	..	..	..	..	..	..	4,643
	2-4 yrs.	..	..	..	..	..	..	1,935
	4 years +	..	..	..	..	..	..	1,316
Sex	male	..	..	..	..	..	..	4,003
	female	..	..	..	..	..	..	3,891

(b) *Suspected defect*

Albinism	..	..	..	1	Heterochromia	..	..	2
Amblyopia	..	..	..	6	Microphthalmos	..	..	3
Blepharitis	..	..	..	12	Myopia	..	..	2
Blinking	..	..	..	2	Nystagmus	..	..	17
Cataract	..	..	..	4	Palsy	..	..	8
Choroid defect	..	..	..	1	Phoria	..	..	46
Coloboma	..	..	..	2	Photophobia	..	..	5
Conjunctivitis	..	..	..	16	Proptosis	..	..	1
Cyst	..	..	..	1	Ptoxis	..	..	20
Duane's syndrome	..	..	..	2	Squint	..	..	318
Entropion	..	..	..	6	Stye	..	..	2
Epicanthus	..	..	..	1	Superior oblique tendon sheath syndrome	..	..	1
Epiphora	..	..	..	41	Tear duct blockage	..	..	1
Foreign body	..	..	..	2	No apparent defect	..	..	7.175

There were 275 children on the "at risk" register, 66 of whom were found to have eye defects and are included in the various categories above. There were 328 children referred to hospital.

(c) *Incidence of abnormality*

(i) By race Of the 6,745 white children examined 429 (6.4%) were found to have one or more suspect defects.

Of the 1,149 non white children examined, 57 (5.0%) were found to have one or more suspect defects.

(ii) By age: 0-2 years 184 (4%) were found to have one or more suspect defects.

2-4 years 160 (8.3%) were found to have one or more suspect defects.

4+ years 192 (10.8%) were found to have one or more suspect defects.

Overall incidence of squint — 4.0%

3. Screening for Deafness: Audiology Clinic

Health visitors and medical officers carried out 9,048 tests during the year. Of these, 448 were carried out in the child's home and 232 children who did not satisfy the preliminary hearing test were referred to the special audiology clinic. There were 58 referrals from other sources.

The emphasis is placed on attempting to test all children on the observation register although it is recognised that this is not a satisfactory state of affairs as all children should have a hearing test carried out between the seventh and ninth months. However, shortage of staff does not permit of this. Special visits are paid by the health visitors to the homes to carry out tests on some children who do not attend the clinic but many homes are most unsuitable in which to carry out a satisfactory test.

Considerable concern is felt at the poor attendance at the audiology clinic at Canterbury House. Of the 392 appointments sent out during 1969, 241 attended—a failure rate of approximately 38 per cent. This represents a considerable wastage of staff time. A project is under consideration to decentralise this clinic but pressure of work on administrative medical officers concerned prevented this being started in 1969.

Dr. Simon, Director and Consultant Psychiatrist at Lea Castle Hospital, continues to attend the audiology clinic, usually twice a month, to see difficult cases. His help with diagnosis and assessment is invaluable.

Work at the Audiology Clinic

New children referred for testing	..	..	..	..	..	..	290
Discharged as hearing normally	..	..	..	..	..	..	20
Referred to consultant in subnormality but still under supervision	..						62
Referred to Children's Hospital	..	..	..	..	..	..	29
Referred to School Health Service	..	..	..	..	..	..	67
Under supervision or training including some from the above categories							213
No. of children on the register 1st January 1969	..	..	..	..	..	..	206
Discharged	..	..	..	..	..	..	126
Under supervision or training	..	..	..	..	..	..	80
No. of children on the register 31st December 1969	..	..	..	..	..	..	293

4. Screening for Handicaps: OBSERVATION REGISTER

The health visitors continued to maintain the observation register in the form started in 1968—a separate loose leaf register for each personal and child Health Centre. Some of the maternity units continue to notify children “at risk”, however, increasingly consultant paediatricians are sending copies of letters and reports about babies they follow up in hospital out-patient departments.

The names of children where development is not normal are gradually being added to the punch card register at head office but progress in this system

is rather slow. Several more medical officers are being trained but developmental testing involves a considerable amount of time, more so than is available at an ordinary clinic session. To make full use of their services it would be necessary for medical officers to have special testing sessions to which health visitors could refer children where progress is unsatisfactory. With the present staffing position this has not been possible and the senior medical officers who now have extensive programmes continue to test children all over the City. Pressure of work prevents any detailed work or analysis of the register being carried out. The number of children under observation at the year end was 3,533.

Screening should not be an alternative or confined to those on the observation register since even an efficient register will fail to detect 20 to 30 per cent of handicaps. For more effective case finding, some combination of "risk" register schemes and screening methods is desirable. This would make it possible to divide the labour between the specialists and their colleagues in such a way that the former would be able to devote most of their time to those parts of the work that require their special skills. If a substantial part of the work, especially case finding, can be placed in the hands of child health doctors, health visitors and general practitioners, not only will the benefits of early detection be far more widely distributed but the diagnostic skills of consultant paediatricians and those of child health doctors experienced in assessment and placement of handicapped children will be conserved.

TRAINING CLASSES FOR HANDICAPPED CHILDREN: The number of specialised training classes for handicapped children has now increased to 16. These classes are organised by an administrative medical officer and run by health visitors and physiotherapists.

At King's Heath and Stirchley personal and child health centres, two experimental developmental clinics were started. Mothers were invited to bring their children along to a special third year developmental clinic—the purpose of these clinics was to watch children at play or carrying out actions that required motor and manipulative skills and thus to assess their social, physical and mental development. On arrival at the clinic, the children played on the slide, rocking horse and with various toys while the health visitor and clinic nurse maintained observation. At tables the children built brick pyramids,

used pencils and crayons, cut out pictures with scissors, and their hand eye co-ordination and manipulative skills were observed. The children were encouraged to talk about what they saw, recite jingles and nursery rhymes they knew, and their relationship to each other and to their mothers was noted. Small groups were encouraged to play ring - a - roses or listen to music, stories, etc. It was surprising the number of defects that were observed especially in socialisation, speech defects, lack of manipulative skills, etc. Each child showing a defect was examined by the medical officer. Some were referred to play groups, others to special training classes, one was referred for hearing tests and another to a psychiatric clinic. It is doubtful if these defects would have been discovered in the normal developmental examination. It is found, however, that clinics of this type are very demanding and exhausting on the health visitor, and would need a considerable number of health visiting staff to carry out this type of work in a satisfactory fashion.

5. Congenital Dislocation of the Hip

It is routine practice for the midwife to perform a Barlow's test on all babies born on the district. At the general practitioner unit, the test is usually carried out by the general practitioners. All babies who give a positive test are referred to the general practitioner who makes arrangements to have them seen by a consultant if he considers it necessary.

Results: 3,640 babies born at home

3,490 gave a negative result

52 gave a positive result of which four were later referred to an orthopaedic out-patient department

24 infants stillborn

67 were transferred to hospital where the test was subsequently carried out

7 infants died before or on the way to hospital

6. Screening for Abnormal Amino Acids

The pilot scheme using the Scriver test carried out in selected areas of the City was extended to the City as a whole. Blood is collected by the heel prick method and sent to the laboratory at the Children's Hospital. Our grateful thanks are due to Dr. Raine, Senior Biochemist at the Hospital, for his enthusiastic help and support. Two maternity hospitals, the Birmingham Maternity

and Sorrento, carry out their own tests. Results from these hospitals are sent to the Public Health Department and, in the case of out-of-city cases, are then forwarded to the respective authorities. When the discharge of out-of-city cases, occurs from city hospitals before the sixth day, the test is carried out in the area concerned.

The total number of tests carried out between the 1st March and the 31st December was 16,590. In 5 per cent of babies tested, a repeat test was carried out, usually for a raised histidine level. This occurrence was usually found to be transitory and much more common in premature babies.

Of the 16,590 tested, ten were found to be abnormal: two hyperphenylalaninaemia: six histidinaemia, (2 under continuous assessment) one prolanaemia: one tyrosinaemia (?transient)

The babies suffering from phenylketonuria and prolanaemia are being successfully treated, while those suffering from histidinaemia are attending a consultant observation clinic. Both babies who had raised phenylalanine levels were diagnosed as true cases of phenylketonuria—there were other babies who had transient raised phenylalanine who were not true cases. In one of the true cases in an Irish family there were four other children in the household, one died of anencephaly and there are two educationally subnormal. The third, an infant aged two and a half years, had previously given a negative nappy test, and has now been diagnosed as suffering from phenylketonuria. At the time of going to press, the incidence of true phenylketonuria in Birmingham appears to be about one in 10,000. Obviously with the number of tests carried (circ. 19,000), this result is not statistically significant. Case finding by the nappy test, in the City, was one in 30,000 to one in 32,000.

The full results of this very important survey will be published later in one of the medical journals.

7. Screening for Malformations

The following is a list of notifications of congenital malformations for 1969 as used in a joint study by the Department of Social Medicine at Birmingham Medical School and the Public Health Department. For comparison purposes the numbers in brackets are of abnormalities notified by hospitals and domiciliary midwives under the Department of Health and Social Security's scheme. Some of the discrepancies between the two sets of figures are explained by the fact that the figures collected under the national scheme within the first months of

life are not re-appraised. However, some of the discrepancies cannot be explained other than by non-notification.

	<i>Children with one malformation</i>	<i>Children with two or more malformations</i>	<i>Total</i>
Number of children affected	354	46	400 (363)
Number of malformations:			
Mongolism	16	1	17 (10)
Neural tube defects	51	10	61 (25)
Hydrocephalus (without spina bifida)	10	3	13 (8)
Exomphalos	3	6	9 (4)
Oesophageal atresia, etc.	2	3	5 (3)
Gut obstruction	5	0	5 (0)
Imperforate anus	3	5	8 (3)
Renal agenesis	0	2	2 (0)
Hypospadias	15	2	17 (12)
Other genito-urinary-defects	9	11	20 (16)
Clefts of lip and palate	20	10	30 (25)
Congenital heart disease (without mongolism)	36	17	53 (11)
Polydactyly	35	4	39 (31)
Syndactyly	15	4	19 (16)
Talipes (without other defects)	80	0	80 (71)
Unstable hip	20	1	21 (13)
Other limb defects	2	9	11 (2)
Cataract	1	1	2 (2)
Other eye defects	1	4	5 (1)
Accessory auricle	4	0	4 (7)
Other ear defects	4	5	9 (1)
Diaphragmatic hernia	2	4	6 (1)
Malformations other than above	20	17	37 (102)

The list only includes children with well-established macroscopic abnormalities of structure attributable to faulty development and present at birth. 106 other children who were reported to be malformed have been excluded because the conditions reported did not meet these criteria.

PERSONAL & CHILD HEALTH DENTAL SERVICE

Report of Chief Dental Officer

As from 1st April, 1968 the dental treatment of pre-school children and expectant and nursing mothers became part of the duties of the Personal and Child Health Dental Service which itself resulted from amalgamation of the previously separate School Dental Service and Maternity and Child Welfare Dental Service. Although on paper this amalgamation took place in 1968 it was not until 1969 that real progress in the field was made. Until 31st May, 1969 also there were two Principal Dental Officers jointly in control of the service but this arrangement was brought to an end with the retirement of Mr. H. A. Cohen from the post of Principal School Dental Officer after more than 40 years service with Birmingham Corporation. As from 1st June, 1969 one Chief Dental Officer was appointed to take charge of the service as a whole.

The establishment for the new service provided for a substantial amount of decentralisation and for the appointment of a Senior Divisional Dental Officer and three Divisional Dental Officers each of whom would have responsibility to the Chief Dental Officer for some aspects of the dental service in approximately one quarter of the city. The Senior Divisional Dental Officer would also act as deputy to the Chief Dental Officer. By the end of 1969 these posts had been filled and the officers concerned had taken up their duties. Approval was also given for the appointment of four specialist dental officers covering Orthodontics, Endodontics, Periodontics and Oral Surgery. Towards the end of the year appointments were made to the first two of these posts. In addition a Superintendent Dental Surgery Assistant had been appointed, one of her duties being the training of new dental surgery assistants entering the service.

This re-organisation has had considerable effect on the treatment of pre-school children and expectant and nursing mothers. First of all it has proved to be much easier to attach schools to the former Maternity and Child Welfare dental clinics than to persuade mothers to attend at the former school clinics for treatment either for themselves or their small children. There are normally no health visitors who deal with pre-school children attached to the latter places and no ante-natal or young children's clinics held there and it may take some considerable time for the public to become accustomed to the additional facilities for dental treatment available for them. There are, on the other hand, now several dental clinics, in the main associated with former Maternity and Child Welfare Dental Clinics, which are providing a fully integrated service for pre-school and school children and expectant and nursing mothers and the experience gained in these clinics is proving of great value.

The organisation and supervision of the inspection of the teeth of pre-school children at Personal and Child Health Centres and Day Nurseries is now one of the responsibilities of the Divisional Officers and will be followed up vigorously in future years. It is very necessary that contact should be maintained and encouraged with these young children since it is only by this means that proper habits of dental care can be established at an early age.

The detailed inspection of between 500 and 600 three year old children as part of the survey to study the effects of fluoridation of the drinking water has, of course, continued. This was carried out in the Autumn at seven dental clinics connected with the Personal and Child Health Service. This is one less than previously as the Centre at Lancaster Street closed in 1969 and its case load was dispersed among neighbouring Centres. The results of this survey showed that in the case of boys the average number of defective teeth (d.e.f.) had fallen from 2.817 in 1964 to 1.049 in 1969. In the case of girls the fall was from 2.371 in 1964 to 1.173 in 1969. As has been mentioned in previous reports, since fluoridation started there has been a dramatic fall in the proportion of children with 10 or more defective teeth and fluoridation has also reduced the spread of dental decay in individual teeth. This latter point does not of course appear in statistics. One of the most heartening and encouraging results of fluoridation is the very obvious improvement in the condition of children's mouths as a whole.

By the beginning of 1969 the collection of statistics of dental treatment for the various age group had been co-ordinated and those for 1969 form a logical basis with which succeeding years can be compared, although they are not strictly comparable with those for previous years, because of a certain amount of ambiguity as to whether children attending school at the age of 4 + should be included in School or Maternity and Child Welfare records.

Close links have continued to be maintained with the Dental Hospital.

X-Ray facilities continue to be available at the clinics at Northfield, Sheep Street, Harvey Road, Monument Road, Aldridge Road and Lancaster Street and in addition the apparatus formerly at Aston has been moved to Church Lane and a surplus unit at Sheep Street has gone to Slade Road.

The mechanical work in connection with the supply of dentures for expectant and nursing mothers continues to be largely in the hands of the same dental laboratory which dealt with it in 1968. The Personal and Child Health Dental Service, however, does now include the former school Dental Service dental laboratory located at Sheep Street. This is largely concerned with orthodontic appliances but has constructed a small number of dentures for mothers during the year.

Statistics

DENTAL SERVICES FOR EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER 5 YEARS

Part A. Attendances and Treatment

	<i>Children 0-4 (incl.)</i>	<i>Expectant and Nursing Mothers</i>
Number of visits for Treatment During		
Year		
First Visits	1,483	690
Subsequent visits	1,921	1,146
Total visits	3,404	1,836
Number of Additional Courses of Treatment other than the First Course commenced during Year.	244	73
Treatment provided during the year:-		
Number of fillings	2,998	1,157
Teeth filled	2,725	1,059
Teeth extracted	1,037	1,419
General anaesthetics given	455	205
Emergency visits by patients	143	48
Patients X-rayed.. .. .	6	27
Patients treated by scaling and/or removal of stains from the teeth (Prophylaxis)	163	305
Teeth otherwise conserved	774	
Teeth root filled		10
Inlays		1
Crowns		5
Number of courses of treatment completed during the year	1,421	406

Part B. Prosthetics

Patients supplied with full upper or full lower (first time)	92
Patients supplied with other dentures	163
Number of dentures supplied	360

Part C. Anaesthetics

General anaesthetics administered by dental officers	12
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Part D. Inspections

	<i>Children 0-4 (incl.)</i>	<i>Expectant and Nursing Mothers</i>
(1) Number of patients given first inspections during year	4,555	753
(2) Number of patients in (1) above who required treatment	1,854	726
(3) Number of patients in (2) above who were Offered treatment	1,838	724

Part E. Sessions

	<i>For treatment</i>	<i>For health education</i>
Number of Dental Officer Sessions (i.e. equivalent complete half days) devoted to maternity and pre-school children.	871	3

It will be seen that as far as mothers are concerned the decline in treatment provided has proceeded at a rate rather more rapid than in the previous years. This is a pity since it seems clear from statistics from other sources, that many expectant and nursing mothers are not getting the dental treatment they need. There is also an apparent decline in the treatment provided for pre-school children. Factors relating to this have been referred to earlier. The ratio of teeth conserved to teeth extracted, in the case of pre-school children, after re-allocating the work carried out as detailed above, is now 3-4 : 1

Professional Staff

It is no longer possible to refer to staff solely employed on the dental treatment of pre-school children and mothers since special sessions are not now held, these patients being seen along with school children. This enables parents to bring several children of different ages for treatment at the same time which is usually the convenient arrangement. It means, however, that the number of sessions has to be assessed on an attendance basis. On this principle a total of 871 sessions were devoted to this class of patient in 1969.

Accommodation

Dental treatment continues to be available at the 21 clinics of the Personal and Child Health Dental Services distributed throughout the City. Mention should be made of the transfer of the headquarters and office to Lancaster Street from Trafalgar House in August, 1969. Plans are in being to transfer

also the facilities now located at Sheep Street, including the laboratory, to Lancaster Street. This will be made necessary by the impending demolition of the Sheep Street premises and it had been hoped that substantial progress could have been made in turning Lancaster Street into a combined administrative and clinical headquarters for the service. In the event, however, this has not yet been possible although it is hoped that realisation will not be too long delayed.

Dental Health Education

There has been a great deal of activity in the field of dental health education in 1969. Organised by the Senior Dental Hygienist, who was appointed for this purpose, and making use largely of our dental auxiliaries a programme of dental health activities extending over three terms had been started in 30 schools by the end of 1969.

This was devoted to telling children something about teeth, about what is good for teeth, what is harmful, and how to look after them. It also included information about dentist and dentistry and dental clinics and provided an opportunity for the children to see and handle items of dental equipment and to get to know some of the dental staff. These activities have been received with enthusiasm by the school staffs and there is evidence that they are beginning to bear fruit in the improved attitude to dentistry of the children who have gone through this course, when they have later to come for treatment.

Dental Health Education for mothers and pre-school children has tended to be rather overshadowed by these developments but chairside instruction at dental clinics continues and talks are given elsewhere when opportunity offers.

Talks have also been given by the Chief Dental Officer at the College of Education, Nursery Nurses Training Course and the Health Visitors' Training Course.

DOMICILIARY MIDWIFERY

(Section 23 – National Health Service Act, 1946)

There were 18,999 live births and 260 stillbirths to residents of Birmingham in 1969. Of these 385 live births and three stillbirths occurred outside the City. There were 3,054 out-of-city mothers confined at City hospitals.

The total of confinements of City mothers, at 19,035, has again shown a decrease and a very marked decrease from the record total of 22,188 in 1964.

The succeeding text and statistical tables refer to confinements of City mothers. During the year 15,440 mothers were delivered at Good Hope, Marston Green and City hospitals, a decrease of 136 on 1968, bringing the hospital percentage delivery to 81·1 per cent.

	(1) <i>Total No. of con- finements at city hospitals Good Hope Marston Green and at home</i>	(2) <i>Total No. of con- finements at city hospitals Good Hope and Marston Green</i>	(3) <i>Total No. of domiciliary confinement</i>	(4) <i>Total No. of early discharges needing attention of midwife</i>	(5) <i>Hospital confinement as percentage of total</i>	(6) <i>(3) and (4) as percentage of (1)</i>
1962	22,107	13,939	8,168	9,585	63·1	80
1963	21,850	14,195	7,655	11,115	65·0	86
1964	22,188	15,006	7,082	11,992	68·1	86
1965	21,156	15,017	6,139	12,624	71·0	89
1966	20,519	14,929	5,590	12,937	72·4	90
1967	20,724	15,414	5,310	13,207	74·4	89
1968	20,342	15,576	4,766	12,308	76·6	84
1969	19,035	15,440	3,595	12,536	81·1	85

The total number of hospital confinements fell from 15,576 in 1968, the highest number ever achieved, to 15,440 in 1969. Domiciliary confinements fell considerably by 1,171 but as more domiciliary midwives work in hospital general practitioner units the total number of confinements attended by domiciliary midwives stands at 4,285.

Perinatal Mortality Rate, 1969

The following are the City rates among infants for the past seven years. Rates in brackets refer to England and Wales.

			1963	1964	1965	1966	1967	1968	1969
Perinatal mortality rate	..		31.64 (29.3)	29.80 (28.2)	29.63 (26.9)	29.27 (26.3)	28.29 (25.4)	26.23 (24.7)	25.65
Stillbirth rate	..	..	18.9 (17.2)	17.5 (16.3)	17.2 (15.8)	17.3 (15.3)	16.27 (14.8)	14.11 (14.3)	13.60
Early neonatal death rate	..		12.99	12.60	12.53	12.18	12.21	12.09	12.05
Percentage hospital delivery	..		65.0	68.1	71.0	72.4	74.4	76.6	81.1

The stillbirth component shows a marked decrease in the last seven years, while the mortality rate for the first seven days of life shows a steady but less marked decline. There is some evidence that this saving of life adds to the ever increasing number of handicapped children in the community although obviously there are other factors as well. It means in terms of the future that more facilities will have to be available, our diagnostic methods to recognise the handicapped child at a very early age will need to become more sophisticated, there will be a need for more training classes, more educational facilities, more medical staff skilled in paediatric assessment, more teachers of the handicapped, more educational psychologists and a large staff of physiotherapists conversant with the particular needs of these children.

As the pressure on hospital beds becomes less, it would seem reasonable to reserve a number of beds for mothers, often grand multiparae, who come to their general practitioners at a very late stage of pregnancy and then cannot get a hospital booking. They are often in the class who feel as they had no trouble "having their other six children" that there is no risk to their next child. Unfortunately, their child is very much "at risk" and their lack of antenatal care through their own lack of wisdom adds to the stillbirth rate.

Early Discharges from Hospital

The following table gives the number of early discharges together with the percentages of early discharges from the ninth day and under, in three day periods:-

Day of Discharge	1965	1966	1967	1968	1969
First ..	120	110	69	50	36
Second ..	906	1,025	847	596	641
Third ..	1,347	1,511	1,723	1,725	1,891
	19%	21%	20%	19%	20%
Fourth ..	672	677	795	852	916
Fifth ..	555	534	634	553	572
Sixth ..	826	1,240	1,445	1,012	824
	16%	19%	22%	20%	18%
Seventh	1,959	1,529	1,674	1,826	2,513
Eighth ..	3,965	5,288	4,973	4,760	4,263
Ninth ..	2,274	1,023	1,047	934	880
	65%	61%	58%	61%	62%
	<u>12,624</u>	<u>12,937</u>	<u>13,207</u>	<u>12,308</u>	<u>12,536</u>
Ten days and over to the care of the midwife	...	667	855	819	918
					1,000

Maternity Hospitals

Marston Green Maternity Hospital is now taking more deliveries from Warwickshire, particularly the Chelmsley Wood Estate, with a resultant decline in the number of confinements it takes from the City. This loss however is counterbalanced somewhat by the acceptance at Good Hope Hospital of maternity cases from the Castle Vale Estate. In the City, the greatest pressure for beds has been both on Dudley Road Hospital maternity unit and Sorrento Maternity Hospital, particularly the latter, which is now draining an area of the City where there is a high degree of multi-occupation and a high birth rate.

General Practitioner Units at Hospitals

Birmingham Maternity Hospital: There were 632 deliveries at the unit in 1969 and, towards the end of the year, bookings were reaching, and in one month did reach, a maximum. It is hoped that the target figure of about 1,200 confinements per year will be reached in 1970. Some patients booked into the unit are not delivered there as abnormalities in labour and complications of the antenatal, natal or postnatal period lead to transfer to the consultant unit. Thirty domiciliary midwives carried out 632 deliveries at the unit and 721 on the district. Each domiciliary midwife carries out a period of twelve weeks duty at 42 hours a week. During this time she is not available for district duties

which are carried out by the remaining midwives of this group. If pressure of work is heavy at the unit, a midwife working on the district is summoned by radiotelephone to relieve at the general practitioner unit.

Good Hope Hospital: A total of 34 confinements were attended by the domiciliary midwives at this general practitioner unit. However, both the general practitioners and midwives from the City find the distance to the unit to be too far for practical purposes.

Marston Green Maternity Hospital: An invitation was extended to the midwives to attend at this unit. However mileage is the deterrent factor, as it would at present, with the number of midwives in that area of the City, be impossible to cover both the district and the unit.

Sorrento Maternity Hospital: Negotiations are at present taking place for three beds to be reserved by domiciliary midwives.

Work of the Domiciliary Midwives

At various times recently it is rumoured or hinted, in articles in the medical press, that the work of the domiciliary midwife is coming to an end. It seems that a distinction should be made – the numbers of domiciliary deliveries are decreasing rapidly but at least in the City her work load has increased considerably. The work is becoming more regular in character as the number of deliveries during the night decrease, but it is a service which provides a 24 hour day – seven day week coverage. Authorities agree that antenatal care is the most important period of total maternal care. Nurses who have the C.M.B. qualifications understand the practical and preventative aspect of antenatal care by their experience of deliveries and they are obviously the type of nurse who should attend general practitioner antenatal clinics. So much passes between patient and nurse in the communication by the patient of their innumerable nagging worries which the patient considers to be trifling to a busy general practitioner. The City midwives cover 6,500 antenatal clinics per year, 1,657 relaxation classes, 434 mothercraft classes, and 19 family planning clinics. As well they have their other duties in carrying out a Scriver test on nearly all City babies, duties in tracing antenatal defaulters from hospital clinics, duties at cytology clinics and others. Allowing for sickness, the average City midwife in 1969 covered 6 antenatal clinics per week, 1.8 sessions per week at relaxation or mothercraft sessions, delivered 39 cases in the year, attended 104 early discharges from hospitals, 40 of which were a six day or under discharge, took 168 Scriver tests and gave a twenty hour, seven day service when on duty. In fact, she is busier than her colleague of ten to fifteen years ago when deliveries

were the major concern. She has one compensation, with efficient night rotas and the decrease in the number of domiciliary deliveries during the night, her life is more orderly.

General Practitioner Co-operation

During the year 39 midwives have been attached to general practitioners and now work by practice area rather than by district. The 30 midwives who work at the general practitioner unit of the Birmingham Maternity Hospital are also attached but in a different sense, in that it is a team approach by a group of midwives and general practitioners. With regard to the remainder of the midwives they work in groups. A group of midwives attends antenatal clinics of a group of general practitioners at their surgeries, health centres, and personal and child health centres. With the decrease of domiciliary deliveries this type of attachment has much greater significance than liaison schemes.

Bed Bureau and Emergency Lists

Applications to the bed bureau were 1,731 of which 131 were referred to social workers. The disposal of the remaining 1,600 was as follows.

To city hospitals	..	..	..	..	..	..	1,091
Referred back to general practitioner	..	..	..	..	..	..	156
Booked by midwife	..	..	..	..	..	..	305
Aborted	..	..	..	..	..	..	8
Left address in City	..	..	..	..	..	..	4
Out of City	..	..	..	..	..	..	11
Refused bed	..	..	..	..	..	..	2
Emergencies	..	..	..	..	..	..	23
							<hr/>
							1,600
							<hr/>

Of the 1,600 dealt with 778 were immigrants.

Forty patients were placed on the emergency list, the majority (29) were in March and 23 came from the bed bureau.

Night Rota Service

The night rota service has been operating since 1963 and continues to function well. The night calls have dropped from an average of 18 per night to nine, yet despite this service, the domiciliary midwives are on duty (working and waiting) for 84 hours a week. More recently it is becoming difficult to recruit domiciliary midwives, the long hours of duty may be a deterrent coupled with the fact that the proposed changes in the service are leading to a sense of insecurity.

Emergency Maternity Service (Flying Squad)

During the year 112 calls were made on the Flying Squad, of which 32 were out-of-city. An analysis of the Birmingham cases from 1965 to 1969 is as follows:

	1965	1966	1967	1968	1969
Retained placenta with or without haemorrhage	40	38	39	34	31
Haemorrhage – placenta expelled	17	13	19	14	20
Abortions	4	5	7	9	7
Antepartum haemorrhage ..	5	8	3	12	13
Other causes	3	7	8	10	9
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	69	71	76	79	80
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

Of other causes, two were pre-eclampsia and three eclampsia.

Analgesia

Analgesia was administered by domiciliary midwives to patients as follows:

<i>As midwives</i>	<i>No. of patients</i>	<i>With general practitioner present</i>	<i>No. of patients</i>
Gas and Oxygen ..	653	Gas and Oxygen	72
Pethidine	761	Pethidine	83
Trilene	92	Trilene	5
Gas, oxygen and pethidine	723	Gas, oxygen and pethidine	113
Gas, oxygen and trilene ..	21	Gas, oxygen and trilene ..	—
Gas, oxygen, pethidine and trilene	—	Gas, oxygen, pethidine and trilene	—
Pethidine and trilene ..	83	Pethidine and trilene ..	6

Local Authority Clinics (Maternity)

The number of general practitioners holding separate antenatal clinics at child health centres during 1969 was 24. In addition 14 general practitioners hold an antenatal clinic combined with a children's clinic (Clinics for children's examinations and immunisation only were held by 13 general practitioners).

	<i>Assistant M.O.H. attending</i>		<i>Midwife attending</i>		<i>General Practitioner attending</i>	
	<i>New cases</i>	<i>Attendances</i>	<i>New cases</i>	<i>Attendances</i>	<i>New cases</i>	<i>Attendances</i>
1964	508	3,307	2,301	7,748	2,112	13,108
1965	333	3,081	2,277	7,401	2,479	13,720
1966	315	1,537	2,528	7,856	2,884	16,372
1967	313	1,491	2,175	6,803	3,132	18,814
1968	232	1,069	1,787	5,698	3,058	19,123
1969	122	613	1,298	4,484	3,022	20,200

Maternal Mortality

In 1969 there was a total of four maternal deaths, two being due to abortion. The maternal mortality rate was 0.21 per cent per thousand live births. There were three deaths due to associated conditions. Of the seven deaths three were of Asiatic Indians and one of West Indian origin. The following table gives the information on the four maternal deaths in detail:-

<i>No.</i>	<i>Age</i>	<i>Parity</i>	<i>Cause of Death</i>	<i>Remarks</i>
1	27	5	Shock and haemorrhage due to perforation of the uterus and the sigmoid colon following abortion. Damage caused to uterus during abortion. Open verdict returned.	Abortion. No antenatal history available.
2	42	5	Pseudo-membraneous enteritis, Hysterotomy for termination of pregnancy.	Abortion. Termination performed under the Abortion Act, 1967 and sterilisation. There was a long psychiatric history.
3	27	5	Shock and haemorrhage following caesarian section for impacted labour.	History of difficulties in previous pregnancies Adequate antenatal care.
4	24	2	Cardiac arrest following removal of retained placenta.	The cause of cardiac arrest is not clear. Blood loss was not excessive. The outcome may have been due to cerebral and pituitary changes occurring during the initial arrest.

Statistics

(1) ANTENATAL AND POSTNATAL CLINICS

(a) Local Authority Clinics

(1) Expectant mothers attending combined antenatal and children's clinics:-

New mothers attending	..	..	..	..	..	..	122
Total attendances	..	..	..	..	..	..	613

(2) Antenatal clinics with midwife only	..	..	..	..	..	786
New expectant mothers registered	..	..	..	..	..	1,298
Total attendances	..	..	..	..	..	4,484

(3) Primary postnatal examinations at clinics	..	..	..	..	44
Total postnatal examinations	..	..	..	..	48

(b) General Practitioner Clinics at Child Health Centres

Antenatal:

New expectant mothers registered	..	..	..	..	..	3,022
Total attendances	..	..	..	..	..	20,200
Blood tests taken	..	..	..	..	..	2,117

Postnatal:

Primary postnatal examinations	..	..	..	..	..	1,479
Re-examinations	..	..	..	..	..	46
Gynaecological examinations	..	..	..	..	..	478

(2) PRACTISING MIDWIVES

During the year 1969, 371 midwives notified their intention to practise in the City:-

City domiciliary midwives	..	..	..	..	..	..	126
City domiciliary day midwives	..	..	..	..	..	..	20
Independent domiciliary midwives	..	..	..	..	..	..	3
Midwives in institutions	..	..	..	..	..	..	217
Midwives in private nursing homes	..	..	..	..	..	..	5

(3) NUMBER OF MIDWIVES CEASING TO PRACTISE IN THE CITY

Domiciliary midwives and day midwives who left the City in 1969	..	12
Independent domiciliary midwives ceasing to practise	.. ..	1
Hospital midwives ceasing to practise	.. ..	91
Midwives in nursing homes ceasing to practise	.. ..	2

(3a)

DOMICILIARY MIDWIVES IN ACTIVE PRACTICE

			<i>No. in practice 31.12.68</i>	<i>Number retired during year</i>	<i>Number resigned during year</i>	<i>Transfers</i>	<i>New appoint- ments</i>	<i>No. in practice 31.12.69</i>
--	--	--	---	---	--	------------------	-----------------------------------	---

Employed by local authority

(1)	Midwives	..	114	4	6	1-	11	114
(2)	Day midwives	..	19	—	2	1+	1	19

During the year 142 pupil midwives completed their Part II Midwifery training in the City. 24 pupils were placed by the supervisors in outside authorities, namely: Dudley, Warley, Warwickshire, Staffordshire and the City of Worcester.

(3b)

VISITS MADE BY DOMICILIARY MIDWIVES

Doctor booked	..	..	..	..	..	..	30,147	
Midwife booked	..	..	..	..	..	..	682	
Hospital booked	..	..	..	..	..	..	546	
Investigations	..	..	..	..	..	..	8,920	
Useless visits	..	..	..	..	..	..	10,811	
Other visits	..	..	..	..	..	..	12,709	
								<hr/>
								63,815

Postnatal visits:-

In own area	(a)	Home delivery	..	..	..	38,179	
	(b)	Hospital delivery	..	..	..	43,313	
							<hr/>
							81,492

In other

midwives areas	(a)	Home delivery	..	..	..	18,684	
	(b)	Hospital delivery	..	..	..	24,209	
							<hr/>
							42,893

TOTAL 188,200

(3c) CLINICS ATTENDED BY DOMICILIARY MIDWIVES	
(a) At general practitioners' own surgeries	3,012
No. of patients seen	36,678
(b) General practitioners at personal and child health centres ..	1,967
No. of patients seen	25,496
(c) Public health doctor at personal and child health centres ..	204
With doctor - no. of patients seen	901
Midwife only - no. of patients seen	545
(d) Midwife only at personal and child health centres	1,322
Doctors' bookings. - No. of patients seen	7,173
(e) Relaxation classes	1,657
(f) Mothercraft classes	434
(g) Family planning clinics	19
No. of patients seen	113
(h) G.P. Unit Birmingham Maternity Hospital - No. of clinics ..	13

(3d) AMBULANCE SERVICE	
Patients accompanied in ambulance	306
Hours away from district on ambulance duty	337

(4) CHEST RADIOGRAPHY OF ANTENATAL CASES

Number X-rayed (full-sized films)

Child health centres	273
Sorrento Hospital antenatal clinic	1,291
Lordswood Hospital antenatal clinic	174
TOTAL ..	1,738

Analysis of Results

(1) Normal cases	1,692
(2) Pulmonary tuberculosis:—	
(a) Referred to Chest Clinic (for assessment and/or treatment)	11
(b) Referred to family doctor only	1
(c) No action necessary	16

TOTAL .. 28

(3) Non-tuberculous conditions of heart and lungs:-	
(a) Referred to hospital or clinic	2
(b) Referred to family doctor only	8
(c) No action necessary	6

TOTAL .. 16

(4) Failed to attend	2
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(5)

RELAXATION CLASSES

Classes were taken by physiotherapists weekly at six centres each week, by midwives at twelve centres and by health visitors at eighteen centres and weekly by health visitors and midwives jointly at six centres.

Individual mothers attending	..	..	..	..	..	..	1,753
Booked for hospital confinement	..	..	..	..	..	1,415	
Booked for domiciliary confinement	..	..	..	..	..	338	
Sessions held	..	..	..	..	..	..	1,520
Total attendances	..	..	..	..	..	..	7,301
Attendances at associated mothercraft classes	..	..	..	..	..	..	7,022

(6)

CHIROPODY CLINICS FOR ANTENATAL CASES

Total sessions held	..	..	..	..	..	..	..	33
Total attendances	..	..	..	..	..	..	..	174
Average number of attendances per session	..	..	..	..	..	..	..	5

(7) ANALYSIS OF DOMICILIARY CONFINEMENTS ATTENDED BY MIDWIVES

1. (a) No. of deliveries booked by general practitioner and midwife	..	..	..	..	..	..	3,595
(b) No. of 1 (a) attended by general practitioner at birth	..	..	..	..	..	..	302
2. Cases which were hospital bookings	..	..	..	..	..	..	172
3. Cases not booked by hospital or midwife	..	..	..	..	..	..	47
4. No. of babies born in ambulance	..	..	..	..	..	..	3
5. No. on emergency list delivered at home	..	..	..	..	..	..	2

The total number of confinements carried out by domiciliary midwives was 4,285 of which 3,595 were delivered at home and 690 were in hospital or mother and baby home.

The total number of confinements at home at which the general practitioner was either present during labour or at childbirth or immediately afterwards was 302 being 8 per cent of domiciliary confinements.

(8) REQUESTS FOR MEDICAL AID BY DOMICILIARY MIDWIVES
UNDER C.M.B. RULES ANALYSED BY CAUSE

						<i>Doctor booked for antenatal and postnatal care</i>	<i>Doctor not booked</i>
(a)	<i>Mothers</i>						
	1.	Antepartum haemorrhage	..	..	..	23	3
	2.	Chest conditions	..	..	..	—	—
	3.	Essential hypertension	..	..	..	3	—
	4.	Hydramnios	..	..	..	—	—
	5.	Malpresentation	..	..	..	23	6
	6.	Multiple pregnancy	..	..	..	4	—
	7.	Other antenatal conditions	..	..	..	9	1
	8.	Poor general conditions	..	..	..	—	—
	9.	Toxaemia	..	..	..	13	3
	10.	Urinary conditions	..	..	..	—	—
	11.	Varicose veins	..	..	..	—	—
	12.	Difficult or prolonged labour	..	..	..	43	10
	13.	Foetal distress	..	..	..	35	6
	14.	Post partum haemorrhage	..	..	..	7	5
	15.	Laceration of perineum	..	..	..	166	20
	16.	Obstetric shock	..	..	..	1	—
	17.	Premature labour	..	..	..	32	7
	18.	Retained placenta	..	..	..	27	12
	19.	Inflamed breast	..	..	..	3	—
	20.	Other postnatal complications	..	..	..	19	13
	21.	Puerperal pyrexia	..	..	..	23	9
	22.	Thrombosis of leg veins	..	..	..	3	1
	23.	Abortion	..	..	..	1	—
	24.	Social conditions	..	..	..	1	—
					TOTAL	436	96
(b)	<i>Children</i>						
	25.	Ophthalmia neonatorum	..	..	..	24	9
	26.	Premature birth and debility	..	..	..	7	5
	27.	Convulsions	..	..	..	—	—
	28.	Deformity or malformation	..	..	..	3	1
	29.	Jaundice	..	..	..	5	1
	30.	Umbilical inflammation	..	..	..	—	—
	31.	Inflamed breasts or abscess of	..	..	..	—	—
	32.	Skin eruption, pemphigus	..	..	..	4	1
	33.	Unsatisfactory condition	..	..	..	17	16
	33a	Gastro-enteritis	..	..	..	1	—
	34.	Asphyxia	..	..	..	17	1
					TOTAL	78	34

DOMICILIARY CARE OF PREMATURE INFANTS

In 1969, there were 1,076 premature infants in the following categories and a total of 994 were cared for by the eight premature baby midwives.

1. *Home confinement with baby care at home* 70

Birth weight distribution:

3 lbs. 5 ozs.—4 lbs. 6 ozs.	..	..	..	..	..	2
4 lbs. 7 ozs.—4 lbs. 15 ozs.	..	..	..	..	..	8
5 lbs. —5 lbs. 8 ozs.	..	..	..	..	..	60

No neonatal deaths.

2. *Home confinement with subsequent admission to hospital
including six sets of twins and one set of triplets
Thirty seven babies were subsequently discharged to the care of the
premature baby midwife* 106

Birth weight distribution:

Under —2 lbs. 3 ozs.	..	..	..	..	..	13
2 lbs. 4 ozs.—3 lbs. 4 ozs.	..	..	..	..	..	12
3 lbs. 5 ozs.—4 lbs. 6 ozs.	..	..	..	..	..	25
4 lbs. 7 ozs.—4 lbs. 15 ozs.	..	..	..	..	..	31
5 lbs. —5 lbs. 8 ozs.	..	..	..	..	..	23
Not weighed	..	..	..	..	..	2

There were 24 neonatal deaths—extreme prematurity (14), cerebral haemorrhage (4), cardiac and respiratory failure due to malformation (3), cerebral haemorrhage plus respiratory distress syndrome (1), hyaline membrane (2).

Reasons for admission—low birth weight (5), poor condition (33), cyanosis or respiratory difficulty (10), home conditions unsuitable (11), no arrangements made (9), hospital bookings (36), mother needed admission (2).

3. *Home confinement, not transferred to premature baby midwife* 13

Two neonatal deaths, both within two minutes of birth, postmortem reports—cerebral anoxia due to intra-partum asphyxia (1), congenital heart (1).

4. *Hospital delivery, after-care by premature baby midwife* 887

There were 45 sets of twins, 26 babies of twin deliveries plus 56 babies born in 1968 and discharged in 1969.

TOTAL .. 1076,

HEALTH VISITING

(Section 24 – National Health Service Act, 1946)

On 31st December, 1969, the Department employed the equivalent of 125·8 health visitors (117 whole time and 17 part-time). Of these 2·4 secondments were made to the geriatric section, the unmarried mothers and day nursery section and for special work with daily minders.

There were 87,379 visited children under the age of 5 years and the average basic case load per health visitor was 710 as compared with 775 in 1968. Of the visited children under 5 years, 19·5 per cent were of the coloured population as compared with 17·7 per cent in 1968. There was a significant rise in the visits paid to daily minders, pre-school play groups and private day nurseries under the Nurseries and Child Minders Regulation Act; a total of 7,565 visits were paid as compared with 1,360 in 1968. The wide range of visiting as shown in the summary of visits paid, illustrates the diversity of the duties of the health visitor, whose work in the preventive field in general, and in developmental paediatrics in particular, has so often been underestimated. Her increasing liaison with general practitioners in health centres puts her firmly in position as the family advisory visitor as she is so often the first person to be aware of family stress and tension which may be the precursor of illness.

Refresher Courses and In-Service Training

Approved refresher courses arranged by the Royal College of Nursing and the Health Visitors' Association were attended by 24 health visitors. Three additional fieldwork instructors were trained as it is necessary to maintain twelve to provide for the practical work training of health visitor students. One health visitor was seconded to the University of Aston for the year in order to obtain the Diploma of Nursing Administration. All the health visitors attended a session arranged by an administrative medical officer of health in order to refresh their skills in deaf testing and facilities were extended by the staff at the Charles Burns Unit for health visitors to attend in small groups and observe the work of the unit with handicapped children.

Six staff meetings were organised during the year and speakers on a variety of topics enabled the staff to keep abreast of current developments. Health visitors continued to participate in staff training from other disciplines. A total of 1,242 visitors attended the centres and of these 667 were student nurses in

training. It is important that all nurses in training should have the opportunity to see something of the community health services and observe the complex problems that beset some people in their own homes.

Survey of Rickets and Scurvy in Pre-School Children

The following notifications were received in 1969 (figures for 1968 are in brackets).

<i>Nationality</i>	<i>Rickets</i>	<i>Scurvy</i>
English	1 (nil)	Nil (nil)
Asiatic Indian	6 (3)	Nil (1)
West Indian	1 (2)	Nil (nil)

Housing Department Hostels

The three hostels received regular visits from the local health visitors because the standards of hygiene of the families accommodated tend to be low. Repeated instruction in basic hygiene, infant feeding, care, management and household budgets is necessary. Some children have been referred to handicapped children's groups and city day nurseries because their previous upbringing has left them "non-communicating".

The following table shows the number of visits paid to hostels during 1969.

<i>HOSTELS</i>				<i>No. of children visited</i>	<i>No. of expectant mothers visited</i>	<i>No. of families visited</i>	<i>Total No. of visits to hostels</i>
112 Moseley Street, 12.	..	..		149	6	105	47
43 Trinity Road, 20.	..	..		28	3	15	45
306 Station Road, 33.	..	..		36	3	21	47
TOTALS	..	..	..	213	12	141	139

Co-operation with General Practitioners...

One health visitor was fully attached to the group practice of doctors in the Newtown area and accommodated in their surgery premises, pending the building of a health centre, to work entirely on their patient load.

A second health visitor was attached during the year to a group of doctors in the Tile Cross area and she has submitted the following report:-

Report on Health Visitor/General Practitioner Attachment

The Practice

"I was appointed as a health visitor attached to a practice of four general practitioners. They are two husbands and wives who work together as a group and occupy two surgeries within two miles of one another. The area is very mixed; there are large numbers of privately owned houses and also many council houses and flats. Many of the council tenants have been rehoused from the inner ring of the City. The one surgery is very near the new estate of Chelmsley Wood and there are now a large number of patients of the practice who have been rehoused there. The practice has approximately 10,000 patients (612 are in the 0-5 years age group) in Birmingham. 20 per cent of the patients live in Warwickshire. The doctors provided me with an office in the Sheldon surgery. There is a full-time district nurse attached to the practice who holds a clinic in each surgery every morning as well as nursing patients at home. A midwife has recently been attached and in the new year she will hold her own antenatal clinics where she will take routine cervical smears and blood specimens.

The doctors have held their own well-baby clinics in welfare centres for thirteen years and I now attend these clinics with them. Once fortnightly immunisation clinics are held in each welfare centre and smallpox vaccinations and routine toddlers clinics are held the alternate weeks.

Pattern of Work The pattern of work changes when a health visitor is attached to general practitioners. Less time is available for the routine visiting of the 0-5 year age group, therefore she has to be very selective and concentrate on the children at risk. More people of the 5-64 age group are seen. I spend one session a week in each surgery interviewing people referred by the doctors with a multiplicity of problems, e.g. housing, financial, marital problems, unmarried mothers, deserted mothers/fathers, old people, lonely people and mentally disturbed. It is essential to get to know the social agencies in the area quickly.

Antenatal Work All antenatal patients are interviewed and advised about maternity benefits, mothercraft and relaxation classes and given information about personal and child health centre clinics. This interview is primarily to introduce myself to the patient and has been found to be beneficial when I follow on with the primary visit to mother and baby.

Hearing Tests Hearing tests are routinely done at 9 months. Sheldon patients attend Mapledene Clinic where the health visitor at that clinic and I jointly test the babies on her area and mine. Tile Cross patients are asked to attend the surgery where the district nurse and I do the testing. All children who have had repeated attacks of otitis media are retested and any defect is reported to the general practitioner who will refer to an E.N.T. consultant.

Bereavement Many families who are bereaved are visited, particularly widows where young children are involved. Help and support is needed for these people to re-adjust their lives.

Physically Handicapped Families where one member is physically handicapped (e.g. multiple sclerosis, strokes) are visited to ensure proper use of social and welfare services. Co-operation and liaison with the district nurse and social welfare officers is important.

Geriatrics There are a large number of elderly people on the general practitioners' list but I have only visited certain numbers who are at risk because of extreme age or infirmity. Again I work in close liaison with the district nurse and referrals between us are common. I also keep the Public Health Department area geriatric officer informed about the elderly people I visit to prevent duplication of visiting. The doctors periodically hold geriatric clinics to screen the elderly patients aged 70 years and upwards. A social history is an important part of the screening.

Advantages There are many advantages working in such close liaison with general practitioners. Access to the medical records is invaluable and a clearer picture of the family emerges when one realises how the family doctor service is used. The general practitioner can refer families where the medical problems are aggravated by social problems. The health visitor can usually inform the doctor about particular families at risk because of underlying social problems. One gets to know the doctors well and because of this we are able to hold frank discussions concerning our day to day working problems.

The health visitor can act as a valuable link between the local health authority services and the general practitioner. There is a continual referral between general practitioner, health visitor, district nurse and back to the doctor. Many more social and medical problems come to light, particularly among the elderly, within this working pattern.

Disadvantages The only disadvantage I have found is the extra clerical work. Having no clerk, for some time I had to write up all the clinic attenders' notes; immunisation records. Hearing test appointments, immunisation, toddler and orthoptist appointments have all had to be sent and I found it necessary to do this in the evenings at home. Sending out appointments is essential to ensure good attendances at the doctors' clinics and to try to keep up a high percentage of immunisation. Now a clinic clerk gives me part-time help and this is appreciated.

The health visitor in this working situation could become isolated from her working colleagues but I have not found this to be so. I always see the health visitors at the two centres where the general practitioners' well-baby clinics are held. I also keep in contact with a third centre in the area and attend all staff meetings and functions.

Conclusion To me general practitioner/health visitor attachment is an ideal working situation and my work has become more varied and interesting. I have been fortunate that we have had no clashes of personality but I do think it is important that the health visitor should work hard at fitting in with the existing situation. I have discovered how important and valuable the family doctor service is to the community by working alongside these general practitioners and realising the great numbers of the public they have to deal with and in whom they inspire great confidence".

During 1969 fifty-two individual general practitioners received regular assistance from health visitors at clinics held in their surgeries. Fifty seven individual general practitioners held regular clinics in personal and child health centres for their own patients assisted by health visitors and ancillary staff.

Programme of Work in Association with General Practitioners

(1) Surgeries Attended

	<i>Antenatal</i>	<i>Children & Antenatal</i>	<i>Children</i>	<i>Geriatric</i>	<i>Total</i>
Weekly	11	8	17	—	36
Fortnightly	—	1	3	—	4
Monthly	—	—	7	1	8
TOTAL	11	9	27	1	48

(2) Clinics in Personal and Child Health Centres

	<i>Antenatal</i>	<i>Children & Antenatal</i>	<i>Children</i>	<i>Total</i>
Weekly	22	12	6	40
Fortnightly	2	2	4	8
Monthly	—	—	3	3
TOTAL	24	14	13	51

HEALTH VISITORS' TRAINING COURSE

Twenty three students were sponsored by the Public Health Department for training at the College of Commerce, University of Aston. All candidates were required to undertake an educational entrance test. The following figures summarise the response to our advertisements for student health visitors in 1969.

Accepted for training	..	..	..	..	..	..	..	..	23
Failed entrance test	..	..	..	..	..	..	..	..	31
Applications withdrawn after acceptance	..	..	..	..	..	..	..	..	5
Applications withdrawn before acceptance	..	..	..	..	..	..	..	..	5
Application forms not returned	..	..	..	..	..	..	..	..	51
Applications received after course full	..	..	..	..	..	..	..	..	11
Failed to attend preliminary interview	10
Insufficient qualifications	2

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SUMMARY OF VISITS BY HEALTH VISITORS 1968 AND 1969

<i>Home Visiting</i>						1968	1969	Increase	Decrease
No. of area health visitors						118	123	5	—
Case load of children under 5 years						775	710	—	65
<i>(a) Routine visits to children under 5 years</i>									
Primary visits						21,635	21,019	—	616
Routine visits 0-12 months						52,469	49,905	—	2,564
1 year						38,597	40,276	1,679	—
2- 5 years						85,647	87,822	2,175	—
TOTAL						198,348	199,022	674	
<i>(b) Special visits</i>									
0-12 months						7,850	6,717	—	1,133
1 year						7,268	2,148	—	5,120
2- 5 years						4,756	5,022	266	—
<i>(c) Visits to expectant mothers</i>						3,132	2,925	—	207
<i>(d) Postnatal visits, etc.</i>									
Postnatal						478	1,576	1,098	—
Neonatal deaths						35	30	—	5
Stillbirths						36	26	—	10
<i>(e) Miscellaneous visits :—</i>									
Domiciliary deaf screening—effective visits						400	448	48	—
Scabies						646	551	—	95
Domestic helps						20	33	13	—
Children of school age						1,299	2,645	1,346	—
Adults (other than AN and PN)						3,009	4,326	1,317	—
Old people (women 65+: Men 65+)						3,947	4,231	284	—
Mentally disordered persons						440	582	142	—
Hospital follow-up (by area health visitors)						718	715	—	3
Infectious diseases (other than T.B.)						161	119	—	42
Tuberculosis visits by area health visitors						657	978	321	—
To general practitioners						327	394	67	—
Re insanitary conditions						36	60	24	—
Housing						110	101	—	9
Daily minders Pre-School Play Groups and Private Nurseries – N. & C.M. Act						1,360	7,565	6,205	—
<i>(f) Specialised work</i>									
Hospital follow-up visits by special visitors						2,024	1,860	—	164
GRAND TOTAL						237,057	242,074	5,017	(absolute)
TOTAL USELESS CALLS						41,856	55,002	13,146	—
<i>Hostels for the Homeless</i>									
No. of children visited						168	213	45	—
No. of expectant mothers visited						13	9	—	4
No. of families visited						100	141	41	—

<i>Work of the Health Visitors in General Practitioners' Surgeries</i>	1968	1969	<i>Increase</i>	<i>Decrease</i>
No. of Clinics attended by health visitors	1,211	1,067	—	144
Total attendances of children	6,844	7,211	367	—
0-12 months	5,040	4,849	—	191
1 year	1,061	1,338	277	—
2- 5 years	715	950	235	—
Over 5 years	28	74	46	—
Examined by general practitioners	3,906	3,460	—	446
Seen by health visitors only	2,938	3,751	813	—
Attendances for immunisation	5,891	4,424	—	1,467
Antenatal attendances	6,765	6,425	—	340
Postnatal attendances	548	271	—	277
Others adults seen	356	567	211	—
Attendances at health talks given by health visitors	1,926	1,918	—	8

HOME NURSING SERVICE

(Section 25 – National Health Service Act, 1946)

The policy of attaching district nurses to general practice continued throughout 1969 and by the end of the year, 191 out of a total of 223 nurses were working in attachment schemes with 417 doctors.

The degrees of attachment varied; in some practices the nurses called at the surgeries each morning and in others they paid regular though less frequent visits. Apart from the domiciliary nursing visits the extent to which the district nurse could assist the general practitioner was invariably governed by the premises which the doctors put at the nurses' disposal. A well-equipped treatment room in a health centre or in the group practice accommodation meant that ambulant patients could be treated, various tests carried out and clinical sessions arranged.

Before attachment schemes were started in any area, a meeting of district nurses was called to discuss the plans. There were always those nurses who felt apprehensive usually because they feared they might be asked to undertake work for which they had not been trained, or else that they would be required to help the doctors at surgeries outside their normal span of duty. These fears were allayed by arranging demonstrations of such procedures as venu-punctures, taking blood pressures, or haemaglobin estimations. The nurses were also informed that before the scheme commenced each doctor would receive a letter setting out the hours of duty, with a reminder that although there would be no objection to a slight variation, it was hoped that no calls would be made on the nurses outside their official hours. A personal note was added to this letter by giving the names, qualifications and experience of the district nurses to be attached to the doctor's practice.

As far as possible the nurses made their own choice of doctors and usually they were those with whom they had been working most closely. Quite often the doctors requested that certain nurses should be attached to their practice and as far as possible these requests were granted.

All these factors, although small in themselves, started the newly organised service off on the right footing. Many doctors have already expressed appreciation of the assistance given by the nursing staff. Speaking for a very busy group practice of four where one member was absent through illness, a doctor said that the practice could not have carried on effectively without the help of the attached nurses.

Before the inauguration of attachment schemes district nurses worked in areas where the distances travelled were limited by clearly defined boundaries. General practitioners, on the other hand, have no such restrictions and although some of their patients live close together, others may be widely scattered.

When attachment schemes first start, the nurses find they are covering more ground and travelling longer distances. After a while they assess the new situation and work out a systematic method which reduces the amount of travelling. An even greater reduction can be effected by arranging for ambulant patients to attend the doctor's surgery for treatment, thus saving domiciliary visits.

The home nursing service is provided by the Local Health Authority for people living within the area it serves. General practitioners are not restricted by such boundaries and the doctor may attend patients in the area of one or more Local Health Authorities. On the northern boundary of the City several general practitioners practice in Birmingham and in Sutton Coldfield where both authorities have attachment schemes. An arrangement has been made with Sutton Coldfield whereby attached nurses can attend their doctor's patients on either side of the boundary.

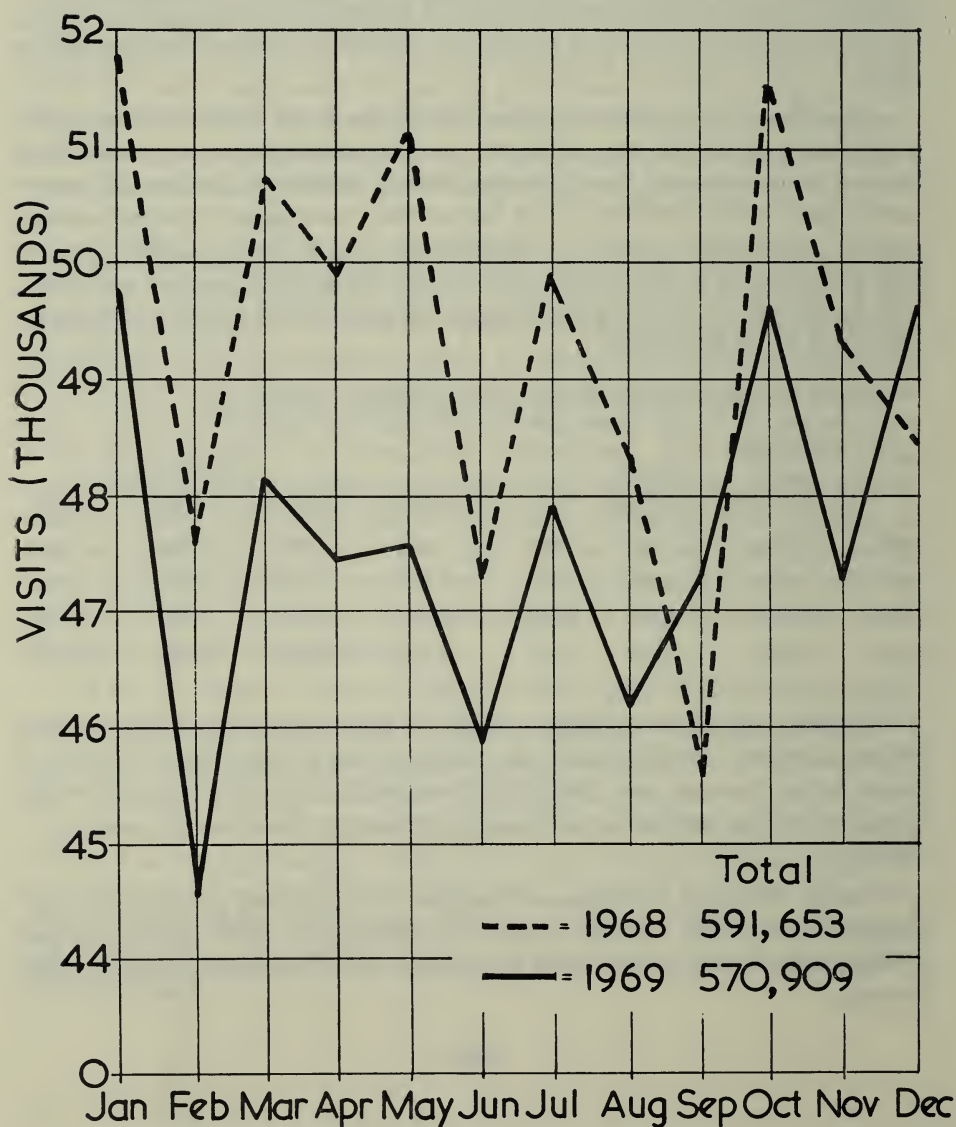
The following table shows the work on practice premises:-

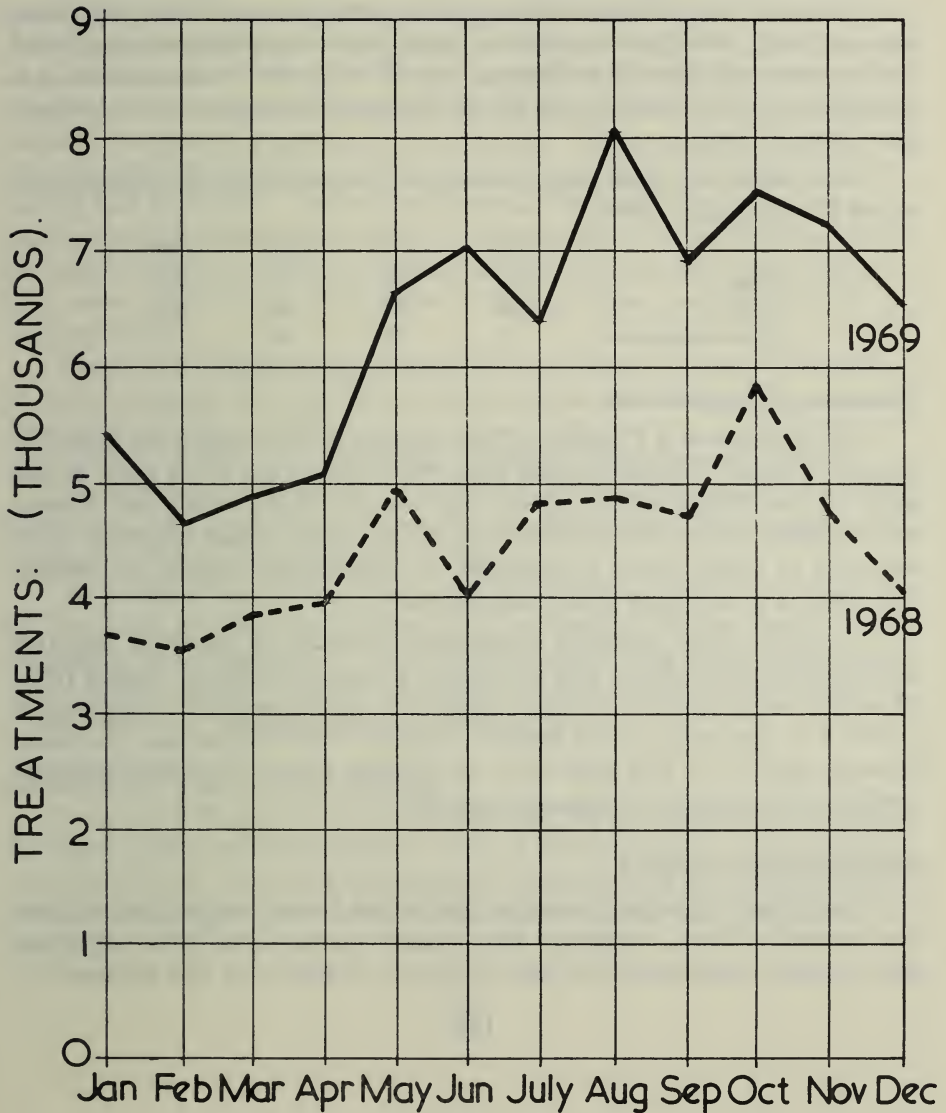
	Vaccination and Immunisation	Blood specimens	Tests	Treatments	Injections	Observation visits	Total
1966	421	90	318	554	909	506	2,798
1967	6,148	1,382	3,243	9,623	7,490	3,696	31,582
1968	13,691	2,416	4,905	16,760	10,538	4,717	53,027
1969	17,268	3,184	6,873	26,344	16,231	6,234	76,134

The total number of domiciliary visits for 1969 was 570,909 compared with 591,653 for 1968. Graph I shows that numbers reach their highest and lowest points during the same periods each year with the exception of December 1969, when due to the number of respiratory infections, there was an increase in visiting.

Graph II shows the increased number of treatments given at doctors' surgeries during 1969. It is not possible at this stage to draw conclusions, but it would appear that as these grow in number, so the domiciliary nursing visits decrease.

DOMICILIARY VISITS BY DISTRICT NURSES



TREATMENTS GIVEN IN DOCTORS'
SURGERIES

Aston Geriatric Visiting Scheme

During 1969 the Aston district nurses assisted the geriatric health visitors by taking over the routine visiting of a number of aged people who did not require nursing care. The senior geriatric visitor attended the district nursing centre every week for discussion, and cases requiring more intensive visiting were referred back to her.

Emergency Night Nursing Service

This service, which deals with emergency cases, has now been in operation for four years. An experienced district nursing sister is on duty each night and can be contacted through ambulance control: she calls on the services of a night attendant if patients are too ill to be left alone or the spouse is too feeble to give effective help.

There has been a much greater demand for the service during the past year, as the following table shows:-

	1966	1967	1968	1969
Cases	34	66	71	130
Visits	134	218	374	716
Night Attendants	5	20	13	15

Voluntary Organisations

The Association of Friends of Home Nursing in Birmingham continued its generous support. During the past three years the amount it has spent on the needs of the patients and the service has exceeded £1,000 each year. During the influenza epidemic in the later part of the year, it was helpful to have resources to obtain extra nourishment or warm night clothing for elderly sick patients whose home conditions were poor.

The Marie Curie Memorial Foundation continued to provide a day and night nursing service and to give economic aid to cancer sufferers. During 1969, 12 nurses were employed who paid 466 visits to 119 patients. The sum of £1,790. 9. 7. has been paid in salaries, insurance contributions and travelling expenses, £88. 7. 5. was paid from the Welfare Grant to provide material comforts, such as extra nourishment and fuel.

District Nurse Training

The Midland Regional Committee for District Nurse Training decided that two, instead of three, courses for state registered nurses, and two courses for state enrolled nurses should be held each year. A study day was arranged by

the tutor for 12 district nursing sisters from the region, and was very much appreciated. The Committee discussed the question of providing badges for those nurses who successfully completed the course of district training and invited designs from the staff for consideration.

In 1969, 27 state registered nurses entered for district training, two completed the course but did not sit the examination, 23 were successful in the examination, two were referred but were successful on re-entry. Of these 25 students, 21 trained for Birmingham, 2 for other authorities and 2 independently.

To prepare the student district nurse for her future role, the student works alongside a senior nurse in a group practice. The advantages of this method are described by the tutor who accompanied a student district nurse on a teaching round. "We visited the general practitioner's surgery and discussed a post-operative patient who had been discharged early because of good liaison between the general practitioner and hospital. The general practitioner was able to explain the extensive and complicated emergency operation which the patient had undergone. Later in the morning we visited the patient at home and he obviously appreciated the fact that the nurse was so well informed about his surgical history, he showed complete confidence in the care and attention of his general practitioner and the attached district nurse, and was relaxed and co-operative".

Eleven state enrolled nurses entered for the 10 weeks' Course of Instruction in district nursing, five from other areas attended the training centre for the theoretical training. All but one were successful in the examination; the successful candidates were awarded the certificate of the Queen's Institute.

During the year 17 members of staff attended refresher courses, many took advantage of the invitations extended by hospitals in the City to attend post-registration and post-enrolment study days.

An integrated course of general and district nurse training was drawn up by the tutors of Selly Oak Hospital and the District Nursing Service. The programme was submitted to the General Nursing Council for England and Wales and the Queen's Institute of District Nursing and received the approval of both bodies. It will commence in January, 1970.

Observation Visits on the District

Four hundred and five student nurses and 104 pupil nurses accompanied the district nurses on their rounds for a day or half-day session. Three groups of pupil nurses from the United Birmingham Hospitals, with an average of seven in each group, spent four weeks on the district during their second year of training.

Staff

The following table shows the number of nursing staff in post on the 31st December, 1969, as compared with 31st December, 1968.

	31st December, 1968			31st December, 1969		
	Full Time	Part Time	Total	Full Time	Part Time	Total
Superintendent	1	—	1	1	—	1
Deputy Superintendent ..	1	—	1	1	—	1
District Nurse Tutor ..	—	—	—	1	—	1
Area Superintendents ..	8	—	8	8	—	8
Assistant Superintendents	2	—	2	1	—	1
Senior Nurses	7	—	7	8	—	8
S.R.Ns. with district training	104	7	111	101	8	109
S.R.Ns. without district training	20	15	35	22	11	33
S.E.Ns. with district training	42	4	46	51	1	52
S.E.Ns. without district training	11	—	11	12	3	15
Student Nurses	—	5	5	—	8	8
TOTALS	196	31	227	206	31	237
Home Nursing Attendants	25	—	25	27	—	27
Full time nurses seconded to work in the Geriatric section included in above.	8	—	8	6	—	6

Children's Home Nursing Unit

The Children's Home Nursing Unit has maintained its work with a staff of 3, visiting in all parts of the City.

As the majority of general practitioners have district nursing staff attached to their practices, some practitioners now use the services of their own staff in caring for children at home, but some still choose to refer cases of childhood illness to the Children's Unit.

Active measures have been taken to improve contact and communications between the Children's Hospital and the Children's Home Nursing Unit.

NEW CASES VISITED

	1967	1968	1969
Bronchitis, pneumonia	248	255	196
Tonsillitis, otitis media, adenitis	97	68	60
Abscesses, boils, skin lesions	107	105	93
Gastro-intestinal conditions, including enemas given	110	124	93
Infectious diseases	54	61	47
Disease of the central nervous system	7	12	20
Minor surgical	3	3	2
Diabetes mellitus	2	1	2
Pyrexia	26	53	35
Other medical conditions	108	113	72
Post-operative conditions	46	36	28
Orthopaedic conditions	5	4	4
Eye conditions	6	1	1
Burns and scalds	8	8	12
TOTAL	827	844	665

Total visits to old and new patients:— 6,727

(Total visits in 1968 were 7,328)

Statistics

(1) CASES NURSED BY THE HOME NURSING SERVICE

(a) *Number of patients attended*

Cases on books, 1st January, 1969	4,415
New cases attended	14,793
Total cases attended	19,208

(b) *Ages of patients*

Cases on books

1st Jan. 1969 New cases

Under 5 years	38	878
5–14 years	21	393
15–64 years	1,068	6,665
65 years and over	3,288	6,857
	<hr/> 4,415	<hr/> 14,793

(c) <i>Cases referred by</i>							
General Practitioners	..	..	..	..	..		10,849
Hospitals							3,497
Public Health Department	..	..	..	..			300
Transferred from other sources		..	..	..			147
							<hr/> 14,793
(2) CLASSIFICATION BY DISEASE OR DISORDER OF NEW CASES DEALT WITH BY THE HOME NURSING SERVICE							
(a) <i>Medical</i>							
Arthritis	..	..	..	..	..	..	455
Respiratory conditions:							1,036
Bronchitis	..	..	..	
Pneumonia	..	..	..	..	..	..	174
Cardiac disease	..	..	..	..	..	..	653
Cerebral catastrophies	..	..	..	..	..		645
Diabetes	..	..	..	..	..	..	483
Malignant disease	..	..	..	..	..		1,009
Senility	..	..	..	..	..	..	730
Other medical conditions		..	..	..	..	..	3,581
Enemas administered	..	..	..	..	..	..	1,465
Mental illness	..	..	..	..	..	..	61
Mental subnormality	..	..	..	..	..	..	41
(b) <i>Infectious diseases</i>							
Tuberculosis	..	..	..	..	..	..	84
Influenza	..	..	..	..	..	..	335
Whooping cough	..	..	..	..	..	..	2
Measles	..	..	..	..	..	..	22
Other notifiable diseases	..	..	..	..	..	..	12
(c) <i>Midwifery and Gynaecology</i>							
Puerperal pyrexia	..	..	..	..	..		19
Antenatal complications	..	..	..	..	..		257
Postnatal complications	..	..	..	..	..		68
Miscarriages	..	..	..	..	..	..	22
Conditions requiring pessary renewals		..	..	..	..	..	31
(d) <i>Surgical</i>							
Cases discharged from hospital	..	..	..	..	..		2,206
Operations at home	..	..	..	..	..		47
Treatment to ulcerated legs	..	..	..	..	..		615
Other dressings	..	..	..	..	..	..	740
							<hr/> 14,793

(3) VISITS TO DOMICILIARY CASES, INCLUDING HOME ATTENDANT CASES

(a) Total visits to domiciliary cases including home attendant cases	570,909
Visits in connection with general practitioner attachment (non-nursing)	6,234
Investigation visits	1,768
	<hr/>
	578,911
Supervisory and teaching visits paid by District Nursing Staff 1969.	
(b) Supervisory visits paid by superintendents	1,768
Teaching visits paid by superintendents	813
Supervisory visits paid by senior nurses	990
Teaching visits paid by senior nurses	640
	<hr/>
TOTAL:	4,211
	<hr/> <hr/>

LOAN OF NURSING EQUIPMENT

(Section 28, National Health Service Act, 1946)

There was an increase of 6·4 per cent in the number of articles of sick room and special equipment on loan during 1969, the total being 21,007 compared with 19,741 during 1968.

All items of sick room equipment have shown a steady increase over the past three years with the exception of mackintosh sheets, where the availability of disposable polythene sheets is reflected in the substantial reduction in demand.

A notable increase in the demand for items of special equipment particularly associated with the care of the aged is again apparent. As anticipated, the demand for ripple beds has increased considerably during the past year as the value of this equipment becomes more widely appreciated. In this connection the elimination of the noise problem associated with earlier versions of this equipment has no doubt made it more acceptable for use in the home. The demand for all types of walking aids continues to increase steadily and it was noticed that in 1969 elbow crutches in particular were more frequently requested.

The estimated value of the equipment available in this service, at replacement cost, is now approximately £100,000 represented by some 16,000 articles on loan to some 7,000 people. Normally 85 per cent of the equipment will be on loan at any one time. A periodic check is made on the condition of special equipment on loan from central stores and whether or not it is still required. The reply-paid enquiry sent to all patients not paying a monthly

charge is normally returned promptly and the replies include a number of requests for the collection of equipment no longer in use. Approximately 10 per cent of the enquiries are either returned by the Post Office as undeliverable for various reasons or are simply not acknowledged by the recipients. In these cases the various visiting services of the Corporation co-operate in helping to trace the patients and equipment. A reference to the loan of nursing equipment is now recorded in the register of aged persons kept by the Welfare Department who in turn advise this department of deaths, changes of address, etc. as they occur, which has greatly facilitated the tracing of equipment on loan to the aged. In 129 cases it was not possible to recover the 140 items of special equipment from persons who had either left the area or whose houses had been cleared and closed.

The problems of sensitivity of enuresis alarm units experienced in the latter part of 1968 were reflected in the reports received concerning units returned in the early part of 1969 and only 47 per cent success was reported for 105 units returned during the year. The slight decline in the number of units loaned in 1969 is attributable to the withdrawal of units for testing or replacement to improve the service. The reports received from 51 persons who returned units during the second half of 1969 showed a great improvement with a 66 per cent success rate.

<i>Age Group</i>	<i>Successful</i>	<i>Not Successful</i>
3 - 7	22	20
8 - 12	22	30
over 12	5	6
	<hr/> 49	<hr/> 56

LOAN OF NURSING EQUIPMENT 1967 — 1969

(a) *Quantities of normal sickroom equipment on loan during*

	<i>1967</i>	<i>1968</i>	<i>1969</i>
Air rings and cushions	893	982	991
Back rests	1045	1096	1171
Bed pans	1449	1549	1586
Commodos	3146	3539	3870
Leg cradles	781	874	921
Mackintosh sheets	1040	736	450
Sick feeders	122	131	135
Urinals	952	1037	1002
Miscellaneous items	165	256	400
	<hr/> 9593	<hr/> 10200	<hr/> 10526

(b) *Quantities of special equipment on loan during*

	1967	1968	1969
Bedsteads	894	870	829
Self-operating tilting beds	3	3	3
Special mattresses	478	486	420
Ripple beds (Anti-decubiti)	34	48	87
Fracture boards	210	248	293
Lifting poles and chains	345	359	361
Crutches – pairs	149	165	217
Walking sticks	1680	1941	2028
Walking aids	1106	1471	1795
Geriatric chairs	145	224	261
Lifting apparatus	49	63	68
Wheel chairs	1813	1948	2002
Merlin chairs (self-propelling)	658	688	672
Enuresis units	224	243	225
Bath aids	389	544	762
Incontinence pants	—	240	458
	<hr/> 8177 <hr/>	<hr/> 9541 <hr/>	<hr/> 10481 <hr/>

DOMICILIARY LAUNDRY SERVICE

(Section 28, National Health Service Act, 1946)

Applications for the loan and laundering of linen and the provision of incontinence pads increased by 42 to 812 during 1969 and 811 persons ceased to need the service. The revenue received from this service during 1969 was £3,882 compared with £3,746 during 1968.

Although the number of persons receiving this service during 1969 was 55 more than in 1968 the weight of linen laundered fell slightly to 87 tons. The use of incontinence pads rose sharply to 182,000 from the 126,000 used the previous year. On occasions incontinence pads are supplied to persons who do not need the associated loan and laundering of linen and there were 8 such persons included in the 312 cases on the books on the 31st December 1969. Incontinence pads were being supplied to 190 of the 304 persons receiving the linen service.

Whilst the reduced charges for persons assessed according to income were not altered, the maximum charge for the service was increased from 12/- to 13/- per week with effect from 1st May 1969. Where incontinence pads only are supplied the normal charges are reduced but no extra charge is made when both linen and incontinence pads are provided.

Incontinence pads are now available at the district nursing centres in addition to the packs of linen kept for emergency issue by district nurses. This arrangement has proved to be a valuable aid to the nursing and comfort of patients particularly when the starting of the normal service would be delayed by public holidays, etc. All patients receive a delivery each week in the year and at holiday periods it is necessary for the staff to work the day following a bank holiday. The Christmas holiday presents special problems and it was found necessary to work the Sunday preceding the holiday in 1968 and 1969 to leave the staff free for the Christmas holiday.

	1967	1968	1969
Number of cases on books 1st January	275	298	311
New applications during year	743	770	812
TOTAL ..	1018	1068	1123
Cases removed from books during year	720	757	811
Number of cases on books 31st December	298	311	312

ANALYSIS OF CASES 1969

1969 Quarter ending	Number of applications	Service discontinued			
		Died	Hospital	Other reasons	Total
31st March ..	248	118	32	76	226
30th June	160	60	60	82	202
30th September ..	165	70	39	62	171
31st December ..	239	87	49	76	212
	812	335	180	296	811

LOAN OF FIREGUARDS

(Section 28, National Health Service Act, 1946)

After the substantial increase of 43·6 per cent in 1968, the demand for this service declined by 9·5 per cent during 1969.

Fireguards are loaned only to necessitous cases for the protection of children and the aged. Unfortunately this includes problem families who do not take care of the guards or who change address frequently. Consequently the loss rate for guards is far higher than that for nursing equipment on loan. It is not practicable to recover the cost of guards lost or damaged through misuse from persons in receipt of social security benefit and at times a replacement guard is loaned for the protection of the person at risk. Included in the 620 guards returned during 1969 are 226 where the persons could not be traced or it was known that the guards were beyond repair.

	<i>1967</i>	<i>1968</i>	<i>1969</i>
Number of guards on loan 1st January..	1521	1475	1639
Number issued during year	431	619	560
	<hr/>	<hr/>	<hr/>
	1952	2094	2199
Number returned during year	477	455	620
	<hr/>	<hr/>	<hr/>
Number of guards on loan 31st December	1475	1639	1579
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

AMBULANCE SERVICE

(Section 27 – National Health Service Act, 1946)

There was a further decrease in the demand in 1969, but the operational strength remained below the establishment, necessitating increased use of private hire car firms, though some economies were made by a reduction in the use of the Hospital Car Service.

A high rate of sickness among the operational staff in the latter part of the year, due to the influenza epidemic, coinciding with an increased demand for admission of urgent cases to hospital, placed a considerable stress upon the Service. A record number of cases was handled by the Bed Bureau, and the Accident Ambulances carried a record number of patients during December, 1969.

The grand total of patients conveyed by the Ambulance Service during 1969 was 528,585 compared with 572,655 in 1968.

The Hospital Removal Cases are shown in the following table:—

					1968	1969
Directly provided Service	..	..	..	..	476,360	424,804
Hospital Car Service	..	..	..	..	25,401	16,555
Private Hire Cars	..	..	..	..	44,733	60,534
					<hr/> 546,494 <hr/>	<hr/> 501,893 <hr/>

The trend in the number of cases conveyed by directly provided ambulances of the Removals Section of the Service over the past four years is illustrated:—

Year	<i>Patients conveyed by directly provided ambulances of Hospital Removals Service</i>	<i>Comparison with previous year</i>	
		<i>Increase</i>	<i>Decrease</i>
1966	382,840		48,959
1967	448,368	65,528	
1968	476,360	27,992	
1969	424,804		51,556

Detailed statistics under various classifications are shown in the following table, which also gives comparative figures for the past five years.

HOSPITAL REMOVAL AMBULANCES (Directly Provided)

COMPARATIVE ANNUAL TOTALS OF CASES CARRIED ACCORDING TO CLASSIFICATION

<i>Analysis</i>	<i>1965</i>	<i>1966</i>	<i>1967</i>	<i>1968</i>	<i>1969</i>
Clinic cases	349,949	306,607	369,861	397,822	351,601
Admissions	35,094	33,346	32,239	33,640	33,924
Discharges	29,385	25,844	29,380	27,384	22,943
Transfers	7,587	8,001	8,051	8,913	7,993
Emergency Maternity Service	98	110	110	98	116
Maternity	8,703	8,432	8,202	8,038	7,819
Miscellaneous	983	500	525	465	408
	431,799	382,840	448,368	476,360	424,804

TOTAL NUMBER OF PATIENTS DIVIDED INTO STRETCHER AND SITTING CASES

(Directly provided ambulances)

	<i>1965</i>	<i>1966</i>	<i>1967</i>	<i>1968</i>	<i>1969</i>
Stretcher cases	98,878	97,589	112,222	111,847	103,347
Sitting cases	332,921	285,251	336,146	364,513	321,457
TOTALS	431,799	382,840	448,368	476,360	424,804

Trends in this ratio over the past four years are shown:-

RATIO OF SITTING TO STRETCHER CASES

(Directly provided ambulances)

1966	2.92 : 1	1967	2.99 : 1
1968	3.25 : 1	1969	3.11 : 1

The principal variation in the classified analysis of the patients carried by directly provided ambulances of the Removals Service occurred as follows:—

<i>Decrease</i>	Clinic cases (all forms of out-patient treatment)	46,221
-----------------	---	--------

Accident Ambulances

Nine ambulances based on two Ambulance Depots and six Fire Stations continued to provide cover for accidents and other emergencies.

There was an increase in the number of calls and casualties carried by the Accident Section, the comparative figures being as follows:—

							1968	1969
Calls	..	..	..	..	..	..	29,458	30,371
Casualties	..	..	..	..	..	..	26,161	26,692

Under mutual assistance arrangements with neighbouring authorities, the Service provided accident ambulances in response to 16 incidents outside the city boundary.

A detailed analysis of calls, classified injuries, hospitals to which casualties were conveyed and the number of fatalities, with comparative figures for the previous year, is shown in the following tables:—

ACCIDENT AMBULANCE CALLS

LOCATION OF CALLS

							1968	1969
Street accidents involving vehicles	..	..	..	..	..	..	4,436	4,164
Factory accidents	..	..	..	..	..	..	1,238	790
Private houses	..	..	..	..	..	..	13,235	13,838
Offices	..	..	..	..	..	..	87	32
Shops and restaurants	..	..	..	..	..	..	699	596
Outdoor (other than street accidents)	..	..	..	..	..	..	4,386	5,253
Licensed premises	..	..	..	..	..	..	709	815
Schools	..	..	..	..	..	..	695	720
Cinemas and theatres	..	..	..	..	..	..	65	61
Other premises	..	..	..	..	..	..	3,269	3,585
False alarms (malicious)	..	..	..	..	..	..	639	517
TOTAL							29,458	30,371

ACCIDENT AMBULANCE CASES 1968

NUMBER OF PERSONS OF VARIOUS AGE GROUPS CARRIED IN ACCIDENT AMBULANCES
DURING EACH HOUR OF THE DAY

Age Group	HOURS OF THE DAY																								Total
	00-01	01-02	02-03	03-04	04-05	05-06	06-07	07-08	08-09	09-10	10-11	11-12	12-13	13-14	14-15	15-16	16-17	17-18	18-19	19-20	20-21	21-22	22-23	23-24	Total
5 and under 5	81	24	31	9	13	19	18	19	46	76	117	163	191	187	210	239	244	222	208	172	130	113	122	103	2,757
6-10	29	17	7	6	5	7	4	14	58	44	55	80	130	149	117	146	198	143	160	116	67	51	47	28	1,678
11-15	13	8	9	3	6	2	3	21	68	54	88	115	132	147	138	147	203	121	102	96	109	112	72	48	1,817
16-20	198	121	62	60	31	18	27	68	115	124	105	108	139	153	101	167	172	152	145	147	163	204	247	364	3,191
21-25	206	122	117	60	25	31	19	54	91	84	90	124	119	133	146	159	140	125	109	111	132	119	222	255	2,793
26-30	152	86	71	42	34	21	16	44	54	52	46	92	95	86	126	105	89	84	77	73	69	110	148	222	1,994
31-35	97	55	41	29	20	16	16	30	43	44	54	48	57	49	86	63	74	76	103	54	67	73	104	167	1,466
36-40	73	50	35	19	14	17	15	54	41	59	49	58	58	66	69	90	62	68	58	60	69	62	88	140	1,374
41-45	66	52	33	24	7	9	24	30	35	41	57	50	74	69	61	85	61	71	67	50	41	72	93	185	1,357
46-50	57	33	21	17	14	20	16	39	60	64	58	76	74	85	75	84	64	70	64	48	67	63	105	122	1,396
51-55	49	24	16	11	13	11	16	47	33	48	56	79	82	79	80	76	59	79	54	52	53	56	67	64	1,204
56-60	44	21	17	10	12	12	19	44	49	62	64	92	90	80	77	80	84	74	67	56	49	61	85	84	1,333
61-65	42	23	10	9	13	5	21	31	34	44	58	83	88	78	87	75	80	57	54	55	52	43	64	67	1,173
66-70	31	21	12	16	6	6	11	21	32	40	67	72	75	73	94	84	62	46	45	44	46	33	56	45	1,038
Over 70	41	26	21	21	13	16	13	31	65	79	79	140	199	163	152	127	125	78	79	80	76	75	87	72	1,858
Unknown Age	8	2	6	5	2	2	4	4	5	8	9	5	14	17	19	21	15	13	11	9	18	12	26	28	263
TOTAL	1187	685	509	341	228	212	242	551	829	923	1052	1385	1617	1614	1638	1748	1732	1479	1403	1223	1208	1259	1633	1994	26,692

CLASSIFICATION OF INJURIES TO PATIENTS CARRIED IN AMBULANCES

	1968	1969
Fractures	1,796	1,887
Wounds	5,214	6,022
Collapse, fits, strokes	4,592	3,977
Abrasions and bruises	1,204	1,416
Gas poisoning	120	15
Drowning	8	4
Eye injuries	148	35
Dislocations and sprains	201	153
Hanging	5	—
Concussion, shock	2,179	839
Haemorrhage	1,064	499
Scalds and burns	509	477
Poisoning	1,035	1,171
Not classified	8,086	10,197
	<hr/>	<hr/>
TOTAL	26,161	26,692
	<hr/>	<hr/>

DESTINATION OF CASUALTIES

	1968	1969
Accident Hospital	5,710	5,853
General Hospital	8,092	7,732
Selly Oak Hospital	3,919	4,054
Dudley Road Hospital	3,974	4,345
East Birmingham Hospital	2,754	3,076
Queen Elizabeth Hospital	264	218
Other Hospitals	1,321	1,226
Casualties actually carried in ambulances but not taken to hospital	127	188
	<hr/>	<hr/>
TOTAL	26,161	26,692
	<hr/>	<hr/>

FATALITIES

	1968	1969
Number of persons found dead on arrival of ambulances	410	466

METHOD OF TRANSMISSION OF CALLS

	1969
G.P.O. "999" system	24,641
Police Information Room	2,364
Exchange telephone	1,704
Private wire telephone	37
Messenger	157
Radio	1,143
Observed by ambulance crew	325
TOTAL	<u>30,371</u>

Ambulance Fleet

This was as follows:—

Dual -purpose (stretcher) ambulances	67
Sitting case ambulances	30
Sitting case car	1
Ambulance coach (30-seater)	1
Ambulance coaches (20-seater)	6

Conveyance of Patients by Rail

Wherever possible, long distance cases were conveyed on the ambulance-rail-ambulance basis. Some 448 cases were carried on this basis during the year as compared with 386 the previous year.

Service ambulances were provided at the request of other local health authorities to meet trains at city railway stations and transport some 376 patients either to final destinations or to other railway stations to continue journeys.

Organisation and Training

The basic organisation of the Ambulance Service remained unaltered during the year. The strength of the operational staff is still below the approved establishment although advertising for recruits through the Press has been extended.

Training of personnel continued within the National Scheme on the lines of the Millar Report and 6 week courses for new entrants and the approved 2 week courses for personnel with 2 to 5 years service have been held continuously

throughout the year. Students for both courses have attended from Birmingham and many parts of the Midland Region. Each authority was sent an assessment and full report of every student attending the courses and these reports have produced much interest among the authorities concerned.

Maternity Cases

A further decrease occurred in the number of maternity cases conveyed from home addresses to various maternity hospitals during the year. The total was 7,819 as against 8,038 the previous year.

There were 116 calls for ambulances for the Emergency Maternity Service operated by the Birmingham Maternity Hospital, as compared with 98 in the previous year. Some 47,017 cases were conveyed to and from Marston Green Maternity Hospital by the ambulance coach for out-patient treatment. This represents a decrease of 16,415 on the figure of 63,432 for the previous year.

Mileage

The following table shows the division of mileage into the Sections of the Service over the past five years.

		1965	1966	1967	1968	1969
Hospital removal ambulances		1,665,998	1,553,945	1,684,443	1,632,272	1,468,728
Accident ambulances ..		145,405	149,382	164,738	169,625	185,097
		1,811,403	1,703,327	1,849,181	1,801,897	1,653,825

Hospital Removal Ambulances

The following table shows the average miles per patient carried over the last five years:—

<i>Year</i>	<i>Cases Carried Monthly Average</i>	<i>Mileage Monthly Average</i>	<i>Miles per Patient Average</i>
1965	35,983	138,833	3·85
1966	31,903	129,495	4·05
1967	37,364	140,370	3·75
1968	39,697	136,023	3·42
1969	35,400	122,394	3·45

Staff

Details of the establishment and strength of the Ambulance Service at the end of 1969 are as follows:—

<i>Operational and Depot Staff</i>	<i>Establishment</i>	<i>Strength at 31. 12. 69</i>		<i>Total</i>
		<i>Men</i>	<i>Women</i>	
Ambulance Officer ..	1	1	—	1
Deputy Ambulance Officer and Hospital Liaison Officer ..	1	1	—	1
Ambulance Depot Superintendents ..	2	2	—	2
Ambulance Training Officer ..	1	1	—	1
Section Officers	10	10	—	10
Clerks	6	1	4	5
Storekeeper	1	1	—	1
Depot Drivers	3	2	—	2
Depot Assistants	3	4	—	4
Ambulance Cleaners ..	13	5	—	5
Cooks and Cleaners ..	3 W/T 2 P/T	—	2 W/T 3 P/T	2 W/T 3 P/T
Leading Drivers ..	22	20	—	20
Drivers and Attendants	254	177	21	198

Ambulance Control

Ambulance Control Officer	1	1	—	1
Section Officers	6	6	—	6
Senior Leading Control Operative	1	—	1	1
Leading Control Operatives	3	—	3	3
Control Operatives	32	3	28*	31*

*includes 4 part-time

Bed Bureau

There was an increase in the number of requests placed with the Emergency Bed Bureau operated by the Ambulance Service on behalf of the Birmingham Regional Hospital Board. 15,816 requests were received from General Practitioners etc., beds being obtained in 15,118 of these cases.

The figures for the previous year were 14,716 requests, beds being obtained in 14,002 cases.

Voluntary Service

HOSPITAL CAR SERVICE

Assistance was again given by the British Red Cross Hospital Car Service as is illustrated by the following table:-

							1968	1969
Patients	..	..	..	..	..	..	25,401	16,555
Mileage	..	..	..	..	..	..	176,568	120,212

ST. JOHN AMBULANCE BRIGADE

Continued valuable assistance was given by the St. John Ambulance Brigade in providing ambulance crews for additional cover at certain periods, whilst the Service is again indebted to those voluntary members of the St. John Ambulance Brigade, the British Red Cross Society and the Women's Royal Voluntary Services, who acted as escorts for patients conveyed by rail.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

(Section 28 – National Health Service Act, 1946)

CARE OF THE AGED

“Cast me not off in the time of old age; forsake me not when my strength faileth”—in the 3,000 years since these words were first written standards of care and living conditions have changed much, but in Birmingham in 1969 much the same cry could have been uttered by many of our old people. Increased longevity of our senior citizens, brought about by modern methods of medical treatment, environmental circumstances and rehabilitation, is allied to the inability of most of our statutory and voluntary organisations to obtain the finance and personnel necessary to expand domiciliary services. This has meant that many of the old people's needs, for example in the field of regular preventive health visiting, have not been met. At the end of the year 2,839 visits were outstanding to persons known to be elderly, sick and “at risk” by the specialised geriatric visiting service of this Department. This compares with a figure of 2,309 cases outstanding at the end of 1968, and is a cause of great concern to the staff involved, who are aware that their inadequate manpower resources are only dealing with “the tip of the iceberg”. However, with the present restrictions on local authority expenditure it is not possible to employ additional staff in this field, so that the ever increasing numbers of new referrals to the visiting staff can only result in a perpetuation of an unsatisfactory and potentially dangerous situation.

A pilot scheme of routine geriatric visiting by home nurses, in liaison with the senior geriatric health visitor for the Aston area of the City, was commenced during the year. It is hoped that this may be extended during 1970 in order to relieve the specialised geriatric health visitor of routine visiting and enable her to concentrate on liaison with hospitals, advising colleagues in other sections of the Public Health Department, etc.—duties appropriate to her designation as group adviser.

An analysis of persons currently supervised by geriatric health visiting staff on 31st December, 1969, excluding cases closed during the year or transferred to other agencies, is as follows. The figures show an overall increase of

8.5 per cent in the case load as compared with 31st December, 1968, whilst the number of staff working in the section remains unaltered.

							1967	1968	1969
Female	..	..	..	..	..	..	3,845	4,794	4,993
Male	..	..	..	..	..	..	1,432	1,712	2,069
Living alone	..	..	..	..	..	..	2,610	3,107	3,505
Living with another old person	..	..	..	..	..	..	1,752	2,402	2,505
Living with relatives or friends	..	..	..	..	..	..	915	997	1,052
Requiring intensive visiting	..	..	..	..	..	..	523	537	605
Mentally disturbed	..	..	..	..	..	..	407	448	539

In 1968, 56 per cent of the total case load was comprised of persons over 75 years of age and 22 per cent of these persons were over 85 years of age. Although in 1969 the overall case load increased by 8.5 per cent there was a marked increase of 20.8 per cent in the number of male elderly being supervised. Out of a total case load of 7,062 persons at the end of the year, 4,107 persons, i.e. 58.16 per cent were over 75 years of age, with 869 of these being over 85 years of age. In the 85+ age group, one in five were over 90 years old.

During the year 478 persons were visited by the section staff and their cases subsequently closed, and a further 1,640 were visited and later transferred for future supervision to the following agencies:—

To area health visitors	..	..	..	..	..	..	318
To home nursing service	..	..	..	..	..	..	661
To mental health section	..	..	..	..	..	..	37
To social welfare officers	..	..	..	..	..	..	556
To blind welfare officers..	..	..	..	..	..	..	45
To other statutory organisations	..	..	..	..	..	..	4
To voluntary organisations	..	..	..	..	..	..	19
							<hr/>
							1,640
							<hr/>

At the close of 1969, 58 persons were being visited by both geriatric health visitors and social welfare officers; these were persons who were felt to have dual needs co-existing, which required the differing skills of both workers.

Preventive Geriatric Clinics

Three general practitioners in the City continue to operate this valuable service for their patients.

Liaison with Voluntary Organisations

The close and willing co-operation between geriatric staff and members of voluntary organisations has continued during 1969, and a debt of gratitude is owed both by the Department and the patients whom they serve, to the many people who give their time so willingly in various forms of voluntary service. The Birmingham Council for Old People has 16 day centres and 3 all day clubs operative in the City. A fourth club is being built, which should be operative in the spring of 1970. The Meals-on-Wheels service operated conjointly by W.R.V.S., B.C.O.P. and B.C.S.S. delivered 119,652 meals to frail and sick elderly persons during the year, an increase of 4,755 compared with 1968. The B.C.S.S. continues to meet the needs of the lonely, housebound old people for a friendly visit at intervals, through its Visiting Service for Old People. One thousand, one hundred and thirty-three visitors and children from 83 schools regularly visit over 4,000 old people, many referred by the geriatric health visiting service.

The section continues to be represented on a number of committees concerned with the care of the aged and in particular the Joint Nursing Homes Admissions Committee of B.C.O.P. which administers the Raymond Priestley and Neville Williams nursing homes.

Register of Old People at Risk

The register has continued to be widely used by department staff during the year and the information it has provided has proved most helpful, particularly in avoiding overlap between sections. Where one section is already involved with an old person it has often proved possible for a request for an additional service, advice, etc. to be met by the area health visitor, district nurse or geriatric health visitor already involved. Three thousand and sixty-three telephone calls were made to the register by department staff during 1969, a decrease of 173 from 1968. During the year 85 requests for help were received in the section via the Register and their disposal was as follows:—

To geriatric health visitors	..	..	..	..	..	52
To area health visitors	..	..	..	..	..	2
To home nursing service	..	..	..	..	..	4
To home help section	..	..	..	..	..	23
To loan of equipment section		..	..	..	..	3
To night watcher service	..	..	..	..	..	1

Each Public Health Department section concerned with the care of the elderly has continued to notify the Register weekly of "New Cases" and "Cases Ceased".

During 1969, 56 pupil nurses accompanied geriatric health visitors for a session of geriatric visiting experience. Newly qualified health visitors also spent half a day with their area geriatric health visitor.

The liaison with geriatric and general hospitals in the City through their medical social workers has continued and is much valued by the senior geriatric health visitors. Senior geriatric health visitors have also begun a liaison with the newly built Moseley Hall Hospital during the year.

Bacchus Road Bathing Station

Facilities continue to be provided at Bacchus Road for the bathing of elderly persons who might otherwise be unable to maintain standards of cleanliness, and the devoted interest of the members of staff concerned forges a link to enable other services to be made available to these persons as need arises. One hundred and sixteen persons attended the baths during the year and a total of 1,392 baths was given, a reduction of 75 from 1968. Forty-five new patients were taken to the baths and the average number of baths given to each person was 12.0. The services for the elderly in the City are now fully extended and unless additional staff becomes available very soon, together with a resurgence of kindly good neighbourliness, many sick, frail elderly must inevitably, in the future, receive less care and attention than they require and deserve.

Statistics

1. *Bacchus Road Bathing Service*

Total no. of patients bathed regularly	..	—	116
Total no. of new cases: male	.. ..	24	—
female	.. ..	21	45
Total carried forward from 1968	.. ..	—	71
Total no. of baths given: male	.. ..	479	—
female	.. ..	913	1,392
Average no. of baths per person	.. ..	—	11.6

	1967	1968	1969
2. Geriatric Health Visiting			
Cases on Visiting List on 1st January ..	4,960*	5,277*	6,506
New cases added during the year	3,061	3,611	3,129
Cases remaining on visiting list at 31st December	5,277*	6,506*	7,062
Cases to whom visiting ceased on death, admission to hospital, etc.	1,019	2,322	2,589
Cases referred to Welfare Department ..	833	569	556
Total visits paid by section	19,286	18,798	19,929
Total visits paid by health visitors (field) ..	4,605	3,947	4,231
Consultations with Special Health visitors ..	15,212	17,286	18,949
Consultations with Clerks	10,072	12,344	13,904

*A change in statistical annotation. The figures now given refer to those people under active surveillance and not, as in previous years, including people transferred for surveillance to Welfare Department, etc.

3. ANALYSIS OF NEW CASES DURING 1969 TOTAL 3,129

		Number	%
SEX	Male	1,123	35.89
	Female	2,006	64.11
AGE (YEARS)	60 - 64	1,273	40.68
	65 - 74	1,475	47.14
	75 - 84	336	10.74
	85+	40	1.28
	Not known	5	.16
CIVIL STATE	Married	329	10.51
	Widowed	1,180	37.71
	Single	1,279	40.88
	Apart	336	10.74
	Not known	5	.16
HOUSEHOLD CIRCUMSTANCES	Living alone	1,142	36.50
	Living with relatives ..	666	21.29
	Living with spouse ..	1,236	39.50
	Living in lodgings ..	85	2.71

HOSPITAL FOLLOW-UP WORK BY HEALTH VISITORS

Eight health visitors continued to be attached to seven city hospitals for specialised work on a sessional basis. The health visitor is attached to a consultant team and the medico-social workers who refer cases for home visiting. The visits are educational, advisory and supportive, encouraging the patient and the family to cope with difficulties encountered by illness and ensuring the provision of the necessary statutory, ancillary or voluntary services. This includes explanations of dietary problems, drug therapy, housing problems hygiene and finance. Many patients and relatives are prepared to discuss their problems more fully in their own homes where they do not feel so rushed and overwhelmed by the hospital atmosphere.

The health visitor attached to the Children's Hospital was requested by consultants, casualty officers and ward sisters to visit the homes of children who had given cause for concern on admission as, apart from illness, they were found to be under nourished, verminous, unduly dirty or miserable and unhappy. She continued to visit four children suffering from phenylketonuria and attended the fibrocystic and coeliac clinic where she followed up families to advise on diet and general management. These mothers appeared to be overwhelmed and distressed when the diagnosis was explained to them but soon responded to encouragement.

Dudley Road Hospital had one health visitor attached to two paediatricians. The catchment area of this hospital is a densely populated one and she visited children of many nationalities living in overcrowded and poor homes. Advice on diet, airing of beds, heating and ventilation was necessary and some of the children had to be admitted to the care of the Local Authority on discharge from hospital to ensure their well-being. This health visitor assisted in an autumn survey carried out by the consultant to determine the cause of the peak of admissions of children with asthma and wheezy bronchitis. She visited the homes of such children admitted to hospital in September, submitted a report on home condition and during the visit exposed plates of Sabeurin media to collect samples of house dust and moulds. She was able to advise mothers on the choice of bedding, dust control, storage of food and other relevant health matters and many cases required help with bedding and rehousing.

The General Hospital had a health visitor attached to the diabetic clinic to follow up patients with social problems.

The Queen Elizabeth Hospital attached one health visitor to follow up patients under retiring age suffering from progressive or fatal diseases. Another health visitor was attached to the research unit where she was required to visit

the homes of woman patients with positive or suspicious cervical smears who had defaulted appointments for treatment.

Selly Oak Hospital had one health visitor attached to the diabetic clinic and one to the paediatric unit.

The Royal Orthopaedic Hospital required the health visitor to follow up post-operative osteo-arthritic patients who were in need of help in the home.

STATISTICS

WORK OF THE HOSPITAL FOLLOW-UP VISITORS

<i>Hospitals</i>	<i>Sessions at hospitals</i>	<i>Visiting sessions</i>	<i>Individual patients visited</i>	<i>Visits to patients' homes, etc.</i>
Children's	62	80	77	262
Dudley Road	121½	45½	119	168
General (Diabetic) ..	39½	61½	148	175
Queen Elizabeth (1.) ..	90½	87	350	445
Cervical Cytology (2.) ..	37½	28	70	88
Royal Orthopaedic ..	45	86½	304	311
Selly Oak Paediatric ..	46	80½	122	233
Diabetic	70	42	81	136
TOTAL ..	512	511	1,271	1,818

NATIONAL ASSISTANCE ACTS, 1948 & 1951

COMPULSORY REMOVAL

Many cases of elderly people living alone in inconvenient and often unpleasant housing conditions are reported annually to the Department under the above Acts.

Most of them neither qualify for compulsory removal, nor can be persuaded to enter hospital voluntarily by their general practitioner or geriatric visitors.

Two patients were removed compulsorily in 1969. One frail elderly man, whose relatives lived at a distance, refused all help and treatment for an acute cardiac condition and had suffered burn injuries through dozing off and falling on to the fire.

He died three days after hospital admission.

The other, also a man, was elderly, ill and helpless, living in indescribably filthy conditions, and refusing help. He died the day after he was removed.

RECUPERATIVE CONVALESCENCE

During 1969, 237 applications for convalescence were dealt with by the Department, compared with 296 applications in 1968. As in previous years, the majority of applicants were referred by their general practitioners. Women applicants were more than three times as numerous as men. Many enquiries, not included in the above figures, were received without the support of a medical certificate; medical evidence did not materialise and the applications were not recorded.

Of the 237 applicants, 126 were sent to convalescent homes. The Birmingham Hospital Saturday Fund accommodated 116 and ten were sent to homes more suitable to their individual needs. Of the remaining 111, 23 applications were cancelled, mostly by the patients themselves and some by the Department after applicants failed to respond to any communications, or were found to be eligible to go free of charge under direct contributions to the Birmingham Hospital Saturday Fund. In the latter cases, applicants were instructed to apply to the firms where the contributions were made. After further reference to the general practitioners concerned, 88 applicants were refused as not coming within the Health Committee's terms of reference for recuperative convalescence (i.e. a recent acute illness or operation or special circumstances which had caused mental or physical ill health).

The following table gives the ages and sex of patients who took convalescence in 1969.

								1969	1968	1967
<i>Age</i>		<i>0-4</i>	<i>5-15</i>	<i>16-44</i>	<i>45-64</i>	<i>65-74</i>	<i>75+</i>	<i>Total</i>	<i>Total</i>	<i>Total</i>
Males	—	1	1	9	12	8	31	54	48
Females	—	1	10	28	28	28	95	128	152

As in previous years, applications were received from people in the 65+ age group who, although in reasonably good health, had not been able to afford a holiday for many years. Voluntary organisations who arrange spring and autumn holidays for old people at reasonable charges were suggested to such applicants, but in most cases their very limited financial resources precluded them from going any further in the matter. Where people in this age group were eligible for convalescence, age proved no obstacle to acceptance.

The table below shows, in relation to each medical category, the number who applied for convalescence and the number who were accepted.

							<i>Applied</i>	<i>Accepted</i>
Respiratory disease	..	..	..	..	..	..	33	20
Debility	..	..	..	..	..	..	35	13
Post operative	..	..	..	..	..	..	35	30
Rheumatism and arthritis	..	..	..	..	..	..	9	3
Mental illness	..	..	..	..	..	..	16	7
Organic nervous disease	..	..	..	..	..	..	3	—
Heart disease	..	..	..	..	..	..	12	8
Gastro-intestinal disorder		..	..	..	..	..	8	5
Anaemia	..	..	..	..	..	..	2	—
Accident	..	..	..	..	..	..	1	1
Hypertension	..	..	..	..	..	..	6	2
Ulcers, peptic	..	..	..	..	..	..	3	2
Tuberculosis	..	..	..	..	..	..	—	—
Arteriosclerosis	..	..	..	..	..	..	2	—
Senility	..	..	..	..	..	..	—	—
Miscellaneous	..	..	..	..	..	..	72	35

HEALTH EDUCATION

It is evident that there is increasing recognition of the valuable contribution which a health education section can make in the work of a health department. It is, however, unfortunately true that a substantial reduction in the financial resources of the Section has prevented the many new demands for its services being fully met.

1. Health Education for the General Public

(a) CANCER EDUCATION

The number of talks given to the general public was 683 (adult 536; youth 147).

The general cancer education programme continued throughout the year in response to requests for lectures from organisations in the City.

To stimulate interest in and increase attendance at cervical cytology clinics, posters and leaflets were distributed to health centres, libraries, industry and other departments of the Corporation. Requests for talks were received from various organisations.

(b) ASIAN IMMIGRANTS

Weekly classes at Lansdowne Street Health Centre continued throughout the year, with approximately twenty-five Asian women attending each week. A class for Asian women was started at Dudley Road Hospital and has proved successful, with a regular attendance of approximately twenty antenatal mothers.

Both classes are conducted by an Asian teacher, who is given guidance in the content of the syllabus by the health visitors of Lansdowne Street Child Health Centre and the Health Education Organisers.

(c) WINSON GREEN PRISON

At the request of the Home Office Tutor-Organiser, an additional course was arranged this year. Three courses are now arranged; for the young offenders, long term prisoners and first offenders, respectively. Subjects include personal and community hygiene and services, venereal disease, family planning, dangers of smoking, and relationships and responsibilities.

(d) ANTI-SMOKING CLINICS

This year three successful Five Day Plan Anti-Smoking Clinics were organised by the Health Education Section in conjunction with the Seventh-Day Adventist Education Service. To evaluate the clinics, questionnaires were issued to all participants at the end of each session with the following results:-

<i>Date</i>		<i>Attended</i>	<i>Questionnaire returned</i>	<i>Stopped Smoking</i>
10th-14th February	..	151	106	94
5th-9th May	..	121	79	74
15th-19th September	..	112	86	80

(e) ADULT GROUPS

The general health education programme continued as in previous years.

In support of the Medicines with Care Campaign in the City, an evening conference was held in the Museum Lecture Hall on 2nd April. Representatives from lay organisations, uniformed groups, general practitioners, industry, hospitals, public health staff and other interested organisations were invited to attend. The Medical Officer of Health chaired the conference and the speakers were Dr. M. A. Tongue, Senior Casualty Officer, Children's Hospital, Mr. P. Crees, Chief Pharmacist, Dudley Road Hospital, and Mr. C. F. Waller, Deputy Head, Home Safety Division, Ro.S.P.A. An interesting and useful discussion followed the opening addresses.

(f) YOUTH GROUPS

INDUSTRIAL APPRENTICES:

A course of lectures on relationships and responsibilities was arranged for the Dunlop Company Limited and Cammell Laird (Metro) Limited.

DUKE OF EDINBURGH AWARD SCHEME

Eight courses of lectures were arranged for groups participating in the scheme. Subjects included home safety, child care, home nursing, mothercraft and hygiene.

APPROVED SCHOOLS

Courses on personal relationships and responsibilities were arranged for the senior boys of Shawbury Approved School and on home nursing, parentcraft and home safety for St. John's Approved School.

BEECHCROFT MOTHER AND BABY HOME

Three courses on personal hygiene and relationships and responsibilities were arranged for the girls at Beechcroft.

CARPENTER HOUSE PROBATION HOSTEL

A course on relationships and responsibilities was organised for the girls of Carpenter House. Subjects included personal hygiene, personal health services, venereal disease and smoking and health.

2. Health Education in Schools and Colleges

(a) PRIMARY AND SECONDARY SCHOOLS

This year there was a marked decrease in the number of talks given in schools, from 3,401 to 2,683. This decrease was due to reorganisation of some secondary schools. It coincided with a substantial reduction in the financial allocation for lecture fees for the financial year 1969/70 which prevented us from accepting the numerous fresh requests from schools for us to begin health education courses for their pupils.

In addition, lectures and short courses were arranged for the following schools: Blessed Humphrey Middlemore, Hodge Hill, Anderton Park Primary, St. Mary's Church of England, Swanshurst Bi-lateral, Holte Grammar, Swanshurst Grammar, Dame Elizabeth Cadbury, Primrose Hill Secondary. Subjects included parentcraft, health education, hygiene, smoking and health and child care.

(b) ENVIRONMENTAL HEALTH COURSE FOR GRAMMAR SCHOOLS

The environmental health course was held in the Health Education lecture room and attended by pupils from:- Lordswood Grammar School, Edgbaston Church of England College, Edgbaston High School, King Edward Grammar School, King Edward VI Camp Hill Grammar School, King Edward VI High School and St. Agnes Grammar School for Girls.

The programme included lectures on the work of the public health inspector; health, housing and the neighbourhood: sanitation and water; food hygiene and infectious diseases.

Visits of observation to Lifford Lane Refuse Disposal Works, Frankley Water Works, food premises and housing areas were arranged. This year more schools and pupils participated and other grammar schools have expressed an interest in the course for next year.

An individual course on similar lines was arranged for Kings Norton Grammar School because of the large numbers involved.

(c) SPECIAL COURSES

Courses were arranged for the following:-

City of Birmingham College of Education: a series of lectures for students, and teachers undertaking a specialist course; subjects included personal health services, mental health and venereal disease. St. Peter's College, Saltley: talks and discussions on health education for two groups of student teachers, on health education media and smoking and health.

(d) STUDENT PROJECTS

This year there has been a marked increase, to 150, in the number of written requests received from students of hospitals, schools, colleges and universities for leaflets, posters, booklets, reports, advice and general information on the various aspects of health education in connection with projects forming part of their courses of study. There has been a similar increase, to approximately 500, in personal callers to the Section for the same purpose.

3. Health Education for Professional Groups

(a) STUDENT NURSES

Lectures, discussions and visits of observation were arranged for student nurses from the various hospitals in the City. The subjects included environmental, personal and mental health services.

(b) THIRD YEAR PSYCHIATRIC NURSES

At the request of the tutors, three courses were again held for students from All Saints, Rubery, Hollymoor, Highcroft Hall and Barnsley Hall hospitals. A further special course was held for All Saints Hospital because of the number involved. Courses included talks on environmental, personal and mental health services, and visits of observation.

(c) IN-SERVICE STUDY

Family Planning, 12th-23rd May

Ten separate study days were held to give each health visitor, home nurse and midwife in the Department opportunity to participate in a session which included talks and a film on contraceptive techniques and discussions with Family Planning Association doctors and nurses. One of the chief purposes of these study days was to give the staff of the Department opportunity to discuss with their colleagues in the Family Planning Association the problem of resistance to and lack of interest in family planning.

Emergency Resuscitation—Public Health Staff:

Two courses on emergency resuscitation were held for selected members of staff from the various sections. Each course of six hourly sessions included simple anatomy and physiology of respiration, films and discussion, demonstrations and practical participation.

(d) FOOD HYGIENE

In June the Health Education Section, in conjunction with the Public Health Inspectorate, sent a circular letter to industrial canteens, catering establishments, large stores and other commercial concerns, emphasising the need for a course on food hygiene and offering to provide speakers and films. The response was extremely satisfactory with 23 firms expressing interest in such a course.

As it was virtually impossible for firms to allow all catering staff to attend, the majority of those taking part in the course were in teaching, managerial or supervisory posts, and so were in key positions to pass on knowledge to other employees.

4. Exhibitions

(a) Great Barr Comprehensive School, 29th–30th January Careers Exhibition: Photographs, leaflets and posters on the various careers in the Public Health Department were displayed. Nurses, health visitors, midwives, nursery nurses and public health inspectors were in attendance.

(b) Medicines with Care Exhibition. 2nd–4th April. City of Birmingham Art Gallery Lecture Hall.

A display showing various aspects of safety with medicines and including leaflets and booklets designed and produced by the Section was arranged in conjunction with the “Medicines with Care” conference.

(c) Council House Extension. 9th–30th April.

Exhibition material on anti-smoking, the care of medicines and other aspects of safety was displayed.

(d) Health Centres.

Photographs showing the activities of the Centre and other health education material were displayed at Northfield Health Centre from 2nd May to 9th June in connection with the opening of the centre.

Display material was produced and mounted at various health centres in the City. Topics included the care of medicines, holiday and water safety, home safety and foot care.

(e) Exhibitions on various topics were mounted at Stanmore Road Secondary School for 9th–11th July, at Byng Kenrick Grammar School from 3rd–5th November and Bartley Green Secondary School from 24th–28th November. On each occasion leaflets and booklets relating to the subjects of the exhibition were available for distribution.

(f) Public Health Inspectorate Divisional Office, Birchfield Road, Perry Barr.

Throughout the year material on various health education topics including anti-smoking, safety with fireworks, burns and scalds, food hygiene and the care of medicines was displayed in the window of the divisional office.

5. Film Previews

Thirty films were shown to senior staff of the Department for their information and in order to obtain their opinions on newly available material. Of the films seen, seven were considered to be suitable for purchase or hire, but financial stringency prevented us from making these visual aids available to our lecturers. This raises the question of the continuing value of film previews.

6. Publicity

Posters, leaflets and booklets were distributed to health centres, nurseries, school clinics, libraries, industry and departments of the Corporation. Subjects included home safety, foot care, food and diet, hypothermia, family planning, cervical cytology, anti-smoking, immunisation and food hygiene.

“The Work of the Public Health Department”—This booklet, describing services provided by the Department, was produced by the Section for distribution to staff, students and members of the public on request. The booklet has been of particular value to students working on public health studies and projects.

A number of flannelgraphs and teaching charts have been revised in layout and content. Orders were received from other local authorities for these visual aids.

PRIORITY IN REHOUSING ON MEDICAL GROUNDS

During the year the record number of 9,921 recommendations were made to the Housing Management Department on behalf of people applying for medical factors to be taken into account in connection with their application for a municipal tenancy or for a transfer from one municipal dwelling to another. The number is somewhat inflated by an unusually large "backlog" of cases initiated in the previous year but not completed in time for inclusion in that year's returns. Nevertheless, it is evident that this section of the Department's work continues unabated. In addition to the 9,921 cases classified below there were 199 cases referred to us by the Housing Management Department in which, on enquiry, no medical condition was found and a large but unrecorded number in which an applicant made a request to the Health Department for his case to be reviewed but in which it was found that there was not sufficient change in the circumstances to justify a further recommendation to the Housing Management Department. The figures given here do not include recommendations made from the Chest Clinic; these are recorded elsewhere in the Report.

APPLICATION ON GROUNDS OTHER THAN TUBERCULOSIS

	<i>Points awarded</i>				<i>Immediate rehousing recommended</i>	<i>Total applications</i>	<i>Percentage of total</i>
	NIL	10	20	30			
Psychological disorders ..	701	1,531	343	102	14	2,691	27·1
Neurological disorders	132	147	94	97	16	486	4·9
including fits							
Chest disorders	710	924	386	254	10	2,284	23·1
Wounds	2	5	5	1	—	13	0·1
Blindness	28	13	31	25	2	99	1·0
Rheumatism and arthritis	251	330	284	180	24	1,069	10·8
Other orthopaedic disorders	58	78	60	58	4	258	2·6
Cardiovascular disorders	280	350	271	305	54	1,260	12·7
Other physical defects ..	86	72	66	64	11	299	3·0
Gastro-intestinal disorders	97	41	18	32	2	190	1·9
Genito-urinary disorders	30	25	18	5	2	80	0·8
General debility including disorders not otherwise classified	525	334	151	170	12	1,192	12·0
TOTALS	2,900	3,850	1,727	1,293	151	9,921	100%

One reason for the continuing volume of work is the difficulty which some families find in settling down when rehoused in a new area and a different type of dwelling from that to which they have been accustomed. Many such cases present as psychological disorders of varying degrees. There are others which present as and are classified as physical illness but in which there is in all probability a substantial psychological element.

Formerly, when we were asked to investigate a case, our first step in the majority of cases was to ask the public health inspector to complete a report giving a description of the property with an account of any defects, composition of the household, the nature of the ill health and hardship suffered by the applicant's family and certain other factual information. It became evident a year or two ago that there was an increasing number of cases in which the applicant had no complaint about the physical condition of his present dwelling and a detailed description of it was not necessary in making an assessment of his case. Rather than have public health inspectors, both within and outside the City, spend their time reporting on such cases, we now make our first contact in many instances by a letter to the applicant in which we ask him for simple information about the composition of his family, the type of dwelling he occupies and the nature of his complaint. His reply, together with a report from the general practitioner, often contains all the information required in making an assessment of the case. Where this is not so, the most appropriate visitor, public health inspector, geriatric or other health visitor, mental welfare officer or medical officer is asked to call and elucidate specific points. It is still the practice for the public health inspector to visit in the first instance in the case of substandard properties, houses in multiple occupation and applicants in lodgings where a reliable and detailed description of the accommodation may be important, but overall this new approach must make for a significant saving of inspectorial time.

HOME HELP SERVICE

The Home Help Service statistics for the year show further trends,— the reduction in the demands for full time maternity home helps, and an increase in the number of medical cases, particularly among the elderly. During the year the number of maternity cases attended was 194 as compared with 345 in 1967 and 654 in 1960. This decrease is due to the tendency for smaller families, a greater proportion of hospital deliveries, better housing conditions and the mother returning to her role of housewife more quickly. Recently requests have been received for part-time maternity help—arrangements are being made to introduce a part-time maternity service in 1970. In addition to the maternity work these home helps have given services to 59 families in homes where the mothers were absent. Some families have been maintained over long periods and, in some instances, until the youngest child was established at school. The number of cases other than maternity attended was 7,105 as compared with 6,544 in 1968 and 4,181 in 1960. In this group it has often been difficult to meet the demand with the number of home helps available, and it has been necessary to reduce the amount of help to less urgent cases, while at the same time endeavouring to give uninterrupted help to patients with urgent needs.

The following table gives statistics for 1969 as compared with 1968.

				<i>Equivalent full time home helps</i>		<i>Total number of cases attended</i>		<i>Total number of new applications</i>		<i>Number on waiting list</i>	
				1969	1968	1969	1968	1969	1968	1969	1968
January	..	..	..	567	552	4940	4559	267	264	242	427
February	..	..	..	569	563	4936	4637	232	303	365	465
March	..	..	..	561	571	5008	4670	267	259	366	368
April	..	..	..	561	577	5033	4669	206	283	342	361
May	..	..	..	555	573	5092	4752	276	297	335	389
June	..	..	..	554	572	5081	4754	232	241	365	324
July	..	..	..	552	566	5045	4770	209	269	341	361
August	..	..	..	552	578	5043	4764	210	202	417	397
September	..	..	..	552	569	5080	4782	236	209	421	348
October	..	..	..	551	580	5145	4862	255	228	387	314
November	..	..	..	555	585	5192	4987	228	223	321	353
December	..	..	..	550	573	5152	4943	230	225	351	356
Monthly Average	..	..	..	557	572	5062	4763	238	250	354	372

Average number of cases attended per home help

1965—6.8

1966—6.9

1967—7.6

1968—8.3

1969—9.1

The rehousing of people from slum property to modern flats which continued throughout the year has altered the work of the Home Help Service. The changing over from coal fires has in many ways improved the plight of the elderly, but the fact remains that these people miss the companionship of old and established good neighbours; this particularly applies to the numerous old people who have outlived their spouse and friends; it is in such cases that the visit of the home help serves a two-fold purpose. It is getting more common for relatives to request help for a parent over ninety years of age, to whom they are unable to give the necessary care because of their own advancing years, this being the outcome of early parenthood, and if the present trend for early marriages continues, the problem will be greater in the years ahead.

Staff

There were several changes of district home help organisers during the year; three retired, two left Birmingham and another returned to her former work in the Housing Management Department having only given three months' service. The three organisers who retired were greatly responsible for the initiation of the service and took a prominent part in the decentralisation of district offices in 1953, and to them we are greatly indebted. A third assistant district home help organiser was appointed during the year; these further appointments mean that the patients can be visited more frequently and the service utilised more economically; the home helps can more readily seek advice about their work, and this reassurance and guidance of the organisers gives stability to the service and encourages many home helps to continue, when otherwise they might have left in the first few weeks after being appointed. The organisers appointed during the year are car owners for which they are paid a casual mileage allowance.

The recruitment of home helps, except in a few areas, has been difficult, and as a result there were on average 354 patients on the waiting lists throughout the year; this has inevitably meant that patients have not had continuity of service either during sickness or holiday of the home help, and the less urgent new cases have had a longer wait for the service. During the year 213 home helps were appointed and 227 resigned. Some home helps resigned within the first week as they felt unable to cope with the arduous work, or were overcome with compassion about the plight of the elderly. It was not possible at any time

during the year to recruit home helps to the maximum of the financial ceiling allowed. The following chart outlines the number of years' service given by the home helps who resigned during the year:—

Left within one year	..	..	..	..	..	..	..	..	82
Left within one to five years	..	..	..	..	..	..	..	..	93
Left within five to ten years	..	..	..	..	..	..	..	..	27
Retired	..	..	..	..	..	..	..	..	7
Deceased	..	..	..	..	..	..	..	..	5
Left at other periods not included above	..	..	..	..	..	..	..	..	13

There are 35 home helps over 65 years of age who are actively engaged in the service and give valuable help to the City.

MENTAL HEALTH SERVICE

The seven home helps seconded to the Mental Health Service attended 43 households where parents required rehabilitative care in the day to day management of their homes and families.

TRAINING OF HOME HELPS

The three courses which are held yearly are proving highly satisfactory. The home helps benefit enormously from the tuition at the College of Food and Domestic Art and from the various talks given by staff of the Public Health Department. They also visit one of the City's welfare homes and the reports which they present on the closing day are always interesting.

NIGHT WATCHER SERVICE

The number of patients who received help was 242, which is a reduction of 18 on the previous year. Every endeavour was made to supply two or three nights help to all patients, but in some circumstances it was necessary for patients to have four nights weekly. The service is invaluable to the aged and relieves relatives of the responsibility of continuous nightly care, as well as easing the burden on hospital beds. The recruitment of night watchers has been difficult, and on average 35 were engaged throughout the year which was one less than in 1968. A reduction in the hours from 12 to 10 has not helped in the recruiting of more staff.

NIGHT ATTENDANTS' SCHEME

This emergency service is a vital link in the Health Department's Services. 10 patients were given one night's service, and two were given 2 nights' service under the guidance of the Queen's nursing sister on night duty. Where necessary, alternative arrangements for the patients' care were later made e.g., care by relatives, night watcher arranged, hospital admission or emergency ceased.

Statistics

HOME HELP SERVICE

<i>Number of Home Helps at the end of the year</i>								<i>1969</i>	<i>1968</i>
Full time	..	..	..	..	..	..	..	35	39
31 hours to full time	..	..	..	..	..	..	..	124	152
10 hours to 30 hours	..	..	..	..	..	..	..	749	739
Under 10 hours per week	..	..	..	..	..	..	..	4	5
								<hr/> 912 <hr/>	<hr/> 935 <hr/>

<i>Number of families assisted during the year</i>								<i>Families</i>	
								<i>1969</i>	<i>1968</i>
1. Maternity	..	..	..	..	..	..	..	194	273
2. Illness:—									
(a) Diseases of circulatory system	Over 65		..					864	645
	Under 65		..					88	82
(b) Cancer	..	..	..	Over 65		..	..	128	124
				Under 65		..	..	50	40
(c) Vascular disease of the central nervous system				Over 65		..	..	459	306
				Under 65		..	..	108	99
(d) Diseases of respiratory system	Over 65		..					369	280
(other than tuberculosis)	..	..	..	Under 65		..	..	31	39
(e) Respiratory tuberculosis	..	..	..					9	3
(f) Other illnesses	..	..	..					732	468
3. Aged persons—(65+ not included above)	..	..	..					4165	4347
4. "B" cases—(potential problem families)	..	..	..					59	54
5. "B" cases—(problem families dealt with by Psychiatric Service)	..	..	..	..	..	..	..	43	57
								<hr/> 7,299 <hr/>	<hr/> 6,817 <hr/>

VISITS PAID BY ORGANISERS

The number of visits paid by organisers is slightly less than in 1968, which is the result of the resignations of six members of the staff. It is not usually possible to replace organisers immediately, and with the period of in-service training there is an interim period of some weeks before the routine work is restored.

<i>Visits paid by organisers</i>	<i>1969</i>	<i>1968</i>
Maternity cases	135	314
Illness	3,202	2,090
Old persons	13,264	14,348
Potential problem families	274	240
	<hr/>	<hr/>
	16,875	16,992
	<hr/>	<hr/>

NIGHT WATCHER SERVICE

	<i>1969</i>	<i>1968</i>
<i>Number of night watchers at the end of the year</i>	35	36
	<i>Number of families assisted</i>	
<i>Cases dealt with</i>	<i>1969</i>	<i>1968</i>
Diseases of:—		
(a) Circulatory system Over 65 ..	—	—
Under 65 ..	—	—
(b) Cancer Over 65 ..	26	14
Under 65 ..	3	9
(c) Vascular disease of central nervous system Over 65 ..	—	—
Under 65 ..	—	3
(d) Diseases of respiratory system Over 65 ..	—	—
Under 65 ..	—	—
(e) Respiratory tuberculosis	—	—
(f) Other illnesses	14	16
(g) Aged persons (65 years and not included above)	199	209
	<hr/>	<hr/>
	242	251
	<hr/>	<hr/>

<i>Visits paid by organisers</i>					
By day ..	..	..	..	..	329
By night ..	..	..	..	..	138
					<hr/>
					467
					<hr/>

MENTAL HEALTH

(Section 28 – National Health Service Act, 1946

Mental Health Act, 1959)

The constitution of the Mental Health Service is as follows:–

- (1) Mental Welfare Section
- (2) Two adult Training Centres
Eight Junior Training Centres
- (3) Short Stay Unit for the Subnormal
- (4) Two Rehabilitation Hostels
- (5) Parent and Child Centre

(1) MENTAL WELFARE SECTION

For the purpose of administration the City is divided into six areas. Each area is manned by a Divisional Mental Welfare Officer and a team of Mental Welfare Officers.

Within the city boundary are five psychiatric hospitals, and a certain number of wards of the City are included in the reception area for each hospital.

There is a joint user arrangement by which Mental Welfare Officers undertake social work within the hospital and the community. As far as the staffing position will allow, a Mental Welfare Officer works in liaison with one of the Consultants and attends his group and clinical meetings. This leads to a greater understanding of the patient's needs and better enables the officer to deal with the patient on return to the community.

During the year under review one of the hospital consultants agreed to co-operate in a pilot scheme within the community, primarily for preventive measures. Regular meetings are held between Mental Welfare Officers, Health Visitors, District Nurses, Child Care Officers, representatives of the Welfare Department and the Ministry of Social Security.

General Practitioners are invited to these meetings or alternatively asked to refer any cases of special difficulty. Clients are encouraged to attend whenever possible. This arrangement enables personnel of these various bodies to get to know each other, and for the general practitioners to be made aware of the increasing facilities available within the community.

During the year under review, a Senior Mental Welfare Officer began to make regular weekly visits to a local factory employing 26,000 people, as a number of employees return to employment following a breakdown, or others are found to be in need of help and advice because of anxiety, domestic or other family problems. The mental welfare officer works in conjunction with the medical and welfare staff at the factory and the Rehabilitation Officer and can call upon the services of a consultant at the out-patient psychiatric clinic. In cases of a more urgent nature, excellent liaison exists with the nearby psychiatric hospital.

One of the Divisional Mental Welfare Officers is also assisting in a research project, in a team under the leadership of a consultant psychiatrist. This is concerned with the investigation of patients re-admitted twice over a five year period, finally discharged, but not again re-admitted during the following five year period. He is engaged in arranging domiciliary assessments, seeing if the clients are coping, whether they have satisfactorily adapted to their home environment, and assessing factors in the community which have helped or hindered their progress.

Table I below summarises the work undertaken by the Mental Welfare Section during the year, corresponding figures for 1968 being given in brackets.

TABLE I

Patients admitted under Section 29 Mental Health Act ..	537	(386)
" " " Section 25 " " " ..	550	(530)
" " " Section 26 " " " ..	91	(106)
" " " Section 60 " " " ..	30	(46)
" " " Section 65 " " " ..	2	(-)
" " " Section 72 " " " ..	—	(1)
Patients admitted informally by mental welfare officers ..	487	(412)
Patients admitted informally direct to hospital	3,698	(4,011)
After-care visits	10,503	(9,187)
Pre-care visits	20,023	(20,371)
Patients taken for out-patient treatment	486	(490)
Social histories	221	(189)
Housing enquiries	144	(194)

(Some individual patients appear in more than one of the above groups)

Some of the figures in Table I show a fluctuation as is expected from year to year. The number of visits would show a greater increase should the staff position allow. Once again there has been a big turnover of staff and the time taken in training new entrants has meant that, by and large, only emergencies could be undertaken.

Liaison has been established with 'Nechells Health Centre' which houses a group medical practice and the general practitioners are finding it invaluable to discuss matters on the spot with a mental welfare officer.

There has been an increased demand for the services of Special Home Helps, of which eight are allocated to the Mental Health Service to assist in dealing with inadequate families.

Regular clinics continue to be held at the headquarters in the City Centre attended by Dr. Simon, Consultant Psychiatrist of Lea Castle Hospital, Kidderminster. During the year 116 cases were seen. Incorporated in these clinics is the service of a speech therapist from Lea Castle Hospital who did invaluable work during the year in relation to 53 children.

TABLE II

NUMBER OF PERSONS REFERRED TO LOCAL HEALTH AUTHORITY DURING YEAR ENDED 31st DECEMBER, 1969.

	Mentally ill						Psychopathic						Subnormal						Severely sub-normal						Total
	Under age 16			16 and over			Under age 16			16 and over			Under age 16			16 and over			Under age 16			16 and over			
	M.	F.	M. & F.	M.	F.	M. & F.	M.	F.	M. & F.	M.	F.	M. & F.	M.	F.	M. & F.	M.	F.	M. & F.	M.	F.	M. & F.	M.	F.	M. & F.	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	
Referred by	5	10	238	328	1		9			10	22	10		1	4	2								640	
	3	1	347	397	1	2	9	1	1	3	10	3	1	1	3									783	
	5	8	102	124				1			8	7		1	3	1								260	
																								48	
(e)			33	32				1			2	1			2									71	
(f)	48	44	546	737	1		8	8	20	9	110	85	113	77	27	29								1,862	
(g)	61	63	1266	1618	3	2	26	11	31	12	152	106	141	101	39	32								3,664	

Only one referral is recorded for one patient unless the local authority ceased to provide services after one referral and before the next. "Referral" is limited to persons who are referred to the authority for the provision of services, whether centre or hostel, by means of home visits or otherwise. Referrals made for the purpose of obtaining admission to hospital are not counted.

TABLE III
NUMBER OF PATIENTS AWAITING ENTRY TO HOSPITAL, ADMITTED FOR TEMPORARY
RESIDENTIAL CARE, OR ADMITTED TO GUARDIANSHIP DURING 1969

	<i>Mentally ill</i>		<i>subnormal</i>		<i>Severely sub-normal</i>			<i>Total</i>
	<i>16 and over</i>		<i>16 and over</i>		<i>Under age 16</i>	<i>16 and over</i>		
	M.	F.	M.	F.	M.	M.	F.	
1. Number of persons in L.H.A. area on waiting list for admission to hospital at end of year								
(a) In urgent need of hospital care ..	—	—	—	—	24	8	2	34
(b) Not in urgent need of hospital care ..	—	—	—	—	5	1	—	6
(c) Total	—	—	—	—	29	9	2	40
2. Number of admissions for temporary residential care (<i>e.g.</i> to relieve the family)								
(a) to N.H.S. hospitals	—	—	—	—	24	16	10	57
(b) To L.A. residential accommodation ..	6	12	12	6	81	38	13	197
(c) Elsewhere	—	—	—	—	—	—	—	—
(d) Total	6	12	12	6	105	54	23	254

None of those awaiting admission was in the category "elderly mentally infirm" or "psychopathic" and no mentally ill or subnormal patient was under 16 years of age.

TABLE IV

NUMBER OF PERSONS UNDER LOCAL HEALTH AUTHORITY CARE AT 31st DECEMBER, 1969.

	Mentally ill				Elderly mentally infirm*		Psychopathic				Subnormal				Severely sub- normal				Total				
	Under age 16		16 and over		M.	F.	Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over						
	M.	F.	(2)	(3)			M.	F.	(8)	(9)	M.	F.	(11)	(12)	M.	F.	(15)	(16)		M.	F.	(17)	(18)
1. Total number	26	16	341	354			4	1	13	26	128	96	275	217	347	310	468	389		3,011			
2. Attending workshops, day centres or training centres (including special units)																							
3. Awaiting entry to workshops, day centres or training centres (in- cluding special units)													20	8	157	166	193	172		716			
4. Receiving home training																							
5. Awaiting home training																							
6. Resident in L.A. home/hostel			1	2						1				10	3	7		3	5	32			
7. Awaiting residence in L.A. home/ hostel			7	6										8	1					22			
8. Resident in other home/hostel			6																	6			
9. Boarded out in private house- hold																							
10. Attending day hospital																6	6	38	11	61			
11. Receiving home (a) suitable to visits and not attend a included in training centre... ..																							
(b) others	26	16	327	346			4	1	13	25	128	96	234	202	121	104	199	165		2,007			

*The elderly mentally infirm are **only** those who receive services or are in accommodation provided under the National Health Services Act, 1946.

Community Care for the Subnormal

During 1969 there were 158 referrals of children with handicaps or suspected handicaps. In addition 43 children were seen for follow-up.

Of the new referrals:-

- 11 were recommended for day nursery attendance
- 11 were recommended for handicapped children's playgroups
- 11 were recommended for ordinary playgroups
- 5 were recommended for nursery school
- 9 were referred to a consultant psychiatrist or paediatrician
- 2 were referred to parent guidance clinic
- 5 were referred for speech therapy.

Educational Placement:-

- 7 were considered suitable for E.S.N. school
- 1 was considered suitable for physically handicapped school
- 16 were recommended for junior training centres
- 3 were recommended for short-term care

In addition a number of adolescents were seen. These were mainly E.S.N. school leavers who had failed to find and keep employment and were referred from the Schools After Care Section. As a result of this, 23 names were added to the list for senior training centres, which now stands at 56. This does not include the children over the age of 16 who are at present in junior training centres, and who are also awaiting a place at a senior training centre.

More senior training centre places are urgently needed.

The adaption of Nechells Community Centre during 1971/72 will provide places for sixty or more adults.

People who are mentally subnormal need regular useful occupation and also social contact and stimulation outside their own homes. Without this they are apt to deteriorate in ability and develop behaviour problems necessitating referral to mental subnormality hospitals, which are already grossly overcrowded.

(2) TRAINING

Certain of the Child Health Centres continue to cater for the young mentally handicapped children in co-operation with the National Society for Mentally Handicapped Children. The parents show an active interest and have the opportunity of discussing problems with the child health centre staff.

Handicapped children are also admitted to day nurseries, nursery schools and play groups in limited numbers.

Junior Training Centres

The Junior Training Centres are provided by the Health Committee but are administered by the Education Committee on their behalf.

In February a new 105 place centre was opened at Villa Street, Newtown, replacing the rented premises at Wretham Road.

Wherever practical, teenagers attending junior training centres were transferred to either Newtown or the other new centre at Kingstanding. This reduced the number of children attending Stechford and Erdington centres and helped in shortening the waiting list. Since the announcement in November 1968 that the school age mentally handicapped child is to become an educational responsibility discussions have taken place between all those involved, in order that this transfer will take place as smoothly as possible.

Four members of the staff were seconded to training centres during the year.

Adult Training Centres

The two Adult Training Centres are maintaining their high standard of training and cater for 273 trainees. The demand for places continues and it is hoped to increase this provision in the near future.

TABLE V NUMBERS ATTENDING SPECIAL TRAINING CENTRES

Junior Training Centres

					<i>Under 16</i>		<i>Over 16</i>		<i>Total</i>
					M	F	M	F	
Erdington	..	..	..	..	23	17	Nil	Nil	40
Fox Hollies	..	..	..	..	26	16	11	7	60
Hobmoor	..	..	..	..	19	16	3	3	41
St. Lukes	..	..	..	..	20	17	6	5	48
Stechford	..	..	..	..	24	17	5	3	49
Selly Oak	..	..	..	..	19	20	6	8	53
Kingstanding	..	..	..	..	22	9	18	25	74
Newtown	..	..	..	..	21	29	14	6	70
					174	141	63	57	435

Senior Training Centres

Aldridge Road	..	..	..	—	—	87	60	147
Bell Barn	..	..	..	—	—	65	64	129
					—	—	152	124	276

PSYCHOLOGICAL REPORTS

Work done by the Educational Psychologists was as follows:-

Reports for Children's Department	..	..	..	..	..	..	634
Reports for Mental Health Service	..	..	..	..	..	..	—
							<hr/>
							634
							<hr/>

(3) WARWICK HOUSE SHORT STAY UNIT — complement of 20 beds

Warwick House Short Stay Unit for mentally handicapped children is now generally established, being in its third year, and continually runs at its full complement of 20 beds.

During the year under review, 129 children were admitted for short term care. Seven children remain on a semi-permanent basis.

Although this unit was primarily intended for the accommodation of young children in order to give parents a rest, or in cases of emergencies due to sickness and holiday times, there has been pressure to accommodate some of the adult severely subnormals who have in fact been admitted on occasions.

Whilst in residence a small proportion of the children are able to attend a junior training centre near the unit, and the older ones to attend the adult centres.

During the summer period all the children in residence were taken on a day trip to Rhyl. This was mainly financed by members of the staff, plus a small donation from the Society for Mentally Handicapped Children.

In the latter part of the year, arrangements were made for five rubella children to attend on a daily basis. They are collected from home by taxi, with the help of a guide, and returned to their homes in the afternoon.

This arrangement has been made possible through a generous grant by the Rubella Association, who have also provided special equipment essential for this type of child.

(4) REHABILITATION HOSTELS

There has been a change in the type of resident during the year, in that there has been an increase in the number of admissions of mentally handicapped as it was felt that accommodation of this sort is needed to assist in helping them eventually to achieve independence and, where possible, live outside the protective atmosphere of the hostel. From previous experience it has been noticed that if this category of person is discharged direct into the community he becomes subject to exploitation.

The demand for accommodation increases from all quarters. A notable increase has been in referrals from the Children's Department in relation to teenagers in need of supervision and accommodation when statutory responsibility for child care ceases. A great measure of success has been achieved with these clients, especially where there has been a history of disturbed background.

Other persons who have been helped by hostel accommodation during the year are those with personality disorders, drug addiction, alcoholism and neurosis

	CHESTER ROAD HOSTEL		MIDDLE PARK ROAD HOSTEL	
<i>Bed Complement</i>	<i>12</i>		<i>12</i>	
	M	F	M	F
No. accommodated during the year	10	8	10	14
<i>Movement during the year</i>				
Discharged to lodgings, relatives or residential jobs	2	3	3	7
Returned to hospital	1	1	1	1
Left against advice	—	—	—	—
In residence at 31.12.69 ..	7	4	6	6
	<u>10</u>	<u>8</u>	<u>10</u>	<u>14</u>

(5) PARENT AND CHILD CENTRE

The work of the Centre continues to grow and there have been interesting developments. Two new members of staff were appointed in July and August respectively. The staff of the Centre now consists of two full-time psychiatric social workers, one full-time C.S.W. social worker and one part-time P.S.W. Three consultant psychiatrists attend on a sessional basis. Additionally, by arrangement with Birmingham Children's Department the Centre shares one of their social workers.

This arrangement is the outcome of prolonged discussions exploring the inter-relationship of the two agencies and the ways in which co-operation could be increased. Similar links with other agencies have been forged through some psychiatric social work time being extended to both the Children's Hospital and Lea Castle Hospital, Kidderminster. In respect of the latter, the psychiatric social worker is able to follow up more closely children originally referred to Lea Castle from the Parent and Child Centre. Through its three consultants the

Centre maintains links with Rubery Hill and Lea Castle Hospitals as well as the Charles Burns Clinic. In the absence of an educational psychologist appointed to the Centre, the clinical psychologist at the Charles Burns Clinic has very generously tested and assessed children seen at the Parent and Child Centre. It is hoped that an educational psychologist will soon be available to the Centre.

A psychiatrist and the Senior Psychiatric Social Worker have started to undertake interviews, with husband and wife together, on marital problems

The number of referrals went up to 143 — an increase of 20 over the previous year.

ADMINISTRATION

- (a) There are monthly meetings of the Health Committee, which controls the service.
- (b) Number and qualifications of staff employed in the Mental Health Service:-
Responsible to the Medical Officer of Health for the Service, who in turn is responsible to the Health Committee — Deputy Medical Officer of Health M.B., Ch.B., D.P.H.

- 1 Chief Assistant—Certificate of the Poor Law Examinations Board.
- 1 Deputy Chief Assistant—Certificate in Social Work.
- 1 Administrative Assistant.

MENTAL WELFARE SECTION

- 6 Divisional Mental Welfare Officers—three hold the Certificate in Social Work and are doubly trained R.M.N. and S.R.N., one holds the Certificate in Social Work and the N.A.M.H. Diploma for Teachers of the Mentally Handicapped, one is a R.M.N. and S.R.N., and one has the Diploma in Social Science and Public Administration.
- 3 Area Mental Welfare Officers—one with the Certificate in Social Work, one has the B.Sc., (Sociology), and one is a R.M.N. and S.R.N.
- 27 Mental Welfare Officers—one M.A. Degree and Diploma in Social Studies, one B.A. Degree, five R.M.N. and S.R.N., ten R.M.N., and two R.N.M.D.
- 2 Trainee Mental Welfare Officers—one with the B.Sc., (Social Science).
Clerical Staff—three clerks, two senior shorthand typists and five shorthand typists.

PARENT AND CHILD CENTRE

- 1 Senior Social Worker—with Psychiatric Social Work qualification,
- 2 Social Workers—one with Psychiatric Social Work qualification and one with Certificate in Social Work.
- 2 Social Workers (part-time)—one with Psychiatric Social Work qualification and one with the Diploma in Social Science.
- Clerical staff—one shorthand typist.

Adult Training Centres, — Aldridge Road and Bell Barn

(Under management of Health Committee)

- 1 Senior Warden—Teachers' Certificate
- 1 Warden—Teachers' Certificate
- 2 Deputy Wardens—both holding Diploma of National Association for Mental Health.
- 4 Supervisors—all holding the Diploma of National Association for Mental Health.
- 16 Assistant Supervisors—five holding either Diploma of National Association for Mental Health or recognised trade qualifications.
- 2 Trainee Assistant Supervisors
- 2 Clerks (full-time) and one part-time
- 3 Kitchen Attendants (part-time)
- 2 Caretakers

Junior Training Centres

(Under the management of the Education Committee on behalf of the Health Committee)

- 1 Organiser
- 8 Supervisors—all holding the Diploma of National Association for Mental Health.
- 1 Senior Assistant Supervisor—holding the Diploma of National Association for Mental Health
- 31 Assistant Supervisors—fourteen holding Diploma of National Association for Mental Health.
- 6 Trainee Assistant Supervisors
- 14 Welfare Assistants
- 10 Dinner Attendants (part-time)

Hostels

- 2 Wardens
- 1 Assistant/Cook

Warwick House Short-Stay Unit

- 1 Matron—R.M.N.
- 1 Deputy Matron—R.M.N., S.R.N.
- 3 Nursery Nurses—all holding N.N.E.B. qualifications
- 3 Nursery Assistants
- 1 Nursery Assistant (part-time)

EDUCATIONAL PROGRAMME

Thirty-two lectures were undertaken by members of the staff during the year, on behalf of the Health Education Section.

Students from universities and colleges have been seconded to the Department for practical work within the various sections of the Service.

INSPECTION AND REGISTRATION OF NURSING HOMES AND NURSING AGENCIES

(1) Nursing Homes (Public Health Act, 1936)

At the end of 1969 there were eleven nursing homes on the register providing a total of 280 beds.

One nursing home successfully applied for thirteen additional beds which were in use by mid-summer.

An application to convert a nursing home for geriatric cases to an abortion home was granted following alterations and a reduction in the number of available beds.

This establishment was inspected and subsequently passed for use as an abortion home by representatives from the Department of Health and Social Security in the late autumn.

(2) Nursing Agencies (Nurses Agencies Act, 1957)

At the end of 1969 there were four agencies operating in the City, three new licences having been granted and the existing agency having been granted a renewal.

MEDICAL SERVICES FOR CHILDREN IN CARE

CHILDREN ACT, 1948

The total number of children in the care of the local authorities in England and Wales on 31st March, 1969, was 70,188 compared with 69,358 on 31st March, 1968. Comparable figures in Birmingham were 2,431 and 2,277 respectively.

The total number of children admitted to the care of the Local Authority during the year ended 31st March, 1969, was 1,781 compared with 1,732 the previous year and 1,728 in the year ending 31st March, 1967.

The number of illegitimate children coming into care during the year ending 31st March, 1969, because their mothers could not provide for them, was 62 compared with 74 and 85 in each of the two previous years.

CHILDREN IN THE CARE OF THE BIRMINGHAM CHILDREN'S COMMITTEE

	<i>Year Ended</i>		
	<i>31.3.68.</i>	<i>31.3.69.</i>	<i>31.3.70.</i>
1. <i>Mode of Accommodation</i>			
Boarded out	798	770	818
In lodgings or residential employment	49	40	20
In children's homes	882	1,027	1,040
In voluntary homes	287	294	312
In residential special schools ..	31	29	36
In hostels for working boys and girls	32	24	22
Allowed to remain with parent or guardian under supervision ..	125	151	222
In other accommodation	73	96	109
TOTAL OF ITEM 1 ..	2,277	2,431	2,579
2. <i>Analysis by age groups of children</i>			
0 - 2 years	187	183	157
2 - compulsory school age	375	392	397
Of compulsory school age	1,425	1,507	1,601
Over compulsory school age	290	349	424
TOTAL OF ITEM 2 ..	2,277	2,431	2,579

During 1969 the Senior Assistant Medical Officer for Personal and Child Health Services was responsible for medical duties connected with the Children's Department. These duties included liaison between hospitals, general practitioners, Public Health Department and Children's Department. During the year the Medical Officer attended all meetings of the Children's Committee, the Child Care Sub-Committee, the Homes Sub-Committee and the Approved School and Remand Homes Sub-Committee. Formal reports were presented to each of the Sub-Committees and Committee members were advised on medical matters where necessary.

In 1969, the Medical Officer arranged a regular consultation session in the Children's Department. At these fortnightly sessions child care officers and other staff were able to discuss cases where there was a particular medical problem. Advice included children in care and prospective adoptive parents. The Medical Officer also attended case conferences where necessary.

The problem of the battered baby and the neglected baby has continued to cause a great deal of worry and concern to both the Health Department and the Children's Department. These cases demand the utmost co-operation between health visitors and child care officers and in some cases joint visits are made. The administrative procedures for the observation and assessment of possible battered babies is under continuous review – there being close contact between senior officers of the Health Department, Children's Department and Hospital Boards.

The placement of children with severe mental handicaps has continued to tax the resources of the Local Authority and the Regional Hospital Board. It is regrettable to note that there is still considerable difficulty in moving a severely mentally handicapped child into a hospital. This has meant the imposition of severe strains on staff of children's homes and in some cases there have been adverse effects on other children in the homes.

Deaths

There were two deaths during the year:-

A.N. born 26.5.51:- This boy died as a result of an unfortunate accident. He was looking out through the top part of a sash window when he slipped. He caught his chin on the top of the window and his neck was broken. An inquest returned a verdict of accidental death.

P.A. born 6.2.67:- This child was a severe case of cerebral palsy. He was subject to recurrent chest infections and died on the 18th October, 1969, from bronchopneumonia.

Investigations of Foster Home Applications

The department continued to investigate and provide medical and health visitor reports to aid officers of the Children's Department in making an assessment of applicants to become foster parents.

Adoption of Children

The Medical Officer continued to advise the child care staff on the suitability of prospective adoptive parents from the medical point of view. His advice was based on the contents of reports from general practitioners and hospital consultants. During 1969, there were 91 couples investigated, 80 were recommended as medically fit, four were found to have a medical condition which would have been detrimental to the placing of a child with them, six were deferred for review in a years' time and one couple withdrew their application.

In accordance with the Adoption Act, 1958, information is given to the Birmingham Children's Department and adoption societies as to whether the household is known to the health visitor for the area concerned. No special visit is made but the information is obtained from the health visitor's record cards and personal knowledge of the family. There is a similar enquiry in regard to persons wishing to become foster parents. In 1969, enquiries were made in 106 cases, 32 were recommended for consideration, 73 were not known to the health visitor and one was not recommended.

Statistics

(A) ADOPTION

During 1969, 74 sessions of the Adoption Clinic were held. A total of 228 examinations were carried out and a further five preliminary examinations were conducted at a mother and baby home. The results were as follows:-

(a) Preliminary examinations	..	..	..	..	..	..	93
Fit for placing	..	..	..	..	..	..	85
Unfit for placing	..	..	..	..	..	..	6
Deferred to be re-examined later			..	..	..		2

The babies unfit were:-

Family history of mental disorder . .	..	..	..	2
Family history of mental disorder and epilepsy	..			2
Slow development ..	..	..	..	1
Hospital investigations for renal tract abnormality	..			1

(b) <i>Final examinations</i>	..	..	..	..	..	..	135
Children's Department placings	..	..	..	..	..	..	89
Other adoption agencies	..	..	..	..	..	..	46

Results of final examinations:

Fit to be adopted	..	..	..	..	..	..	129
Adopted but having detrimental factors	..	..	..	..	..	..	6
Slow motor development	..	..	..	..	..	..	1
Slow general development	..	..	..	..	..	..	1
Family history of mental disorder and epilepsy	..	..	..	..	..	..	1
Cyst of oesophagus	..	..	..	..	..	..	1
Cleft palate	..	..	..	..	..	..	1
Hospital investigation for chest condition	..	..	..	..	..	..	1

(B) REFERRALS TO CHILDREN'S DEPARTMENT

Number of applications for advice, guidance or assistance made to the Department during year ending 31st March, 1969	..	..	..	..	..	..	3,894
							(involving 9,123 children)
Number of children accepted into care after investigation	..	..	..	..	..	..	1,578
Number of children committed to care	..	..	..	..	..	..	203
Total admissions to care	..	..	..	..	..	..	1,781

(C) CHILDREN IN THE RESIDENTIAL ESTABLISHMENTS OF THE CHILDREN'S COMMITTEE: MEDICAL CARE

1. *Medical examinations carried out during 1969*

Routine medical examinations	..	..	..	..	..	..	1,231
Examinations on admission	..	..	..	..	..	..	1,760
Examinations on discharge	..	..	..	..	..	..	721
Total number of medical examinations	..	..	..	..	..	..	3,712
Phenylketonuria tests	..	..	..	..	..	..	13

2. *Prophylactic vaccinations and immunisations during 1969*

D.P.T. (Diphtheria, Pertussis & Tetanus)	..	..	..	..	..	..	185
Poliomyelitis vaccination	..	..	..	..	..	..	160
Smallpox vaccination	..	..	..	..	..	..	23
B.C.G.	..	..	..	..	..	..	42
Measles	..	..	..	..	..	..	Nil

3. *Dental inspections/treatment during 1969*

..	1,061
----	----	----	----	----	----	----	-------

4. *Admissions to hospital for treatment*

From residential accommodation of Birmingham Children's Committee	..	..	..	..	..	..	90
From other local authorities and voluntary homes	..	..					7
From being boarded-out	..	..	..	..	..	..	12
The reasons for admission to hospital were as follows:							
Psychiatric problems	3		Infections	..	..		5
Operations	..	..	49	Accidents	..	..	16
Observation	..	12		Treatment	..	..	24

5. *Analysis of illnesses*

Infectious diseases	..	..	..	..	..	..	171
Ear infections	..	..	..	..	..	..	92
Respiratory infections and disorders	..	..	..	..	..	..	350
Circulatory disorders	..	..	..	..	..	..	4
Gastro-intestinal disorders	..	..	..	..	..	..	96
Genito-urinary disorders	..	..	..	..	..	..	30
Orthopaedic disorders	..	..	..	..	..	..	59
Nervous disorders incl. psychiatric conditions	..	..	..	..	..	..	41
Fractures	..	..	..	..	..	..	5
Minor injury	..	..	..	..	..	..	147
Tonsils	..	..	..	..	..	..	140
Other conditions	..	..	..	..	..	..	310

WELFARE OF BLIND AND PARTIALLY SIGHTED PERSONS

Registers of Blind and Partially Sighted Persons are maintained by the Welfare Department and examinations for admission to these Registers are carried out on behalf of the Welfare Committee by a panel of consultant ophthalmologists. When so registered these handicapped people are provided with a variety of welfare services including home visiting, the teaching of Braille or Moon reading systems and handicrafts in their own homes and at Centres in various parts of the City. Social centres are also established for persons who are unable to take up these activities, and, when necessary, transport is provided to and from them. A library of Braille and Moon books is maintained by the Welfare Department. In the main books are sent out and exchanged by post. Each year a garden party for blind people who are not in employment is held when approximately 800 blind, guests and escorts are entertained by the Welfare Committee. For several years this has been held at the grounds and premises of Cadbury Brothers, Bournville.

Persons registered as blind are entitled to free 'bus passes, free radio licences and, where appropriate, increased Social Security Supplementary Benefit and income tax allowances. Arrangements are made for obtaining these facilities.

In addition to the services provided by the Welfare Committee, the Birmingham Royal Institution for the Blind makes annual grants to enable blind persons to take holidays, for summer outings, Christmas parties, and other miscellaneous assistance.

Persons who are deaf as well as blind are given assistance as necessary with the supply, replacement and repair of hearing aids, escort to hospital, and other special needs. A weekly Social Centre is held for the deaf-blind at which voluntary helpers assist in talking to them by using the manual alphabet. Because of the special difficulties of such persons in taking holidays, an annual holiday has been organised in recent years for a party under the care of home teachers and voluntary helpers.

Persons who are able to work in open employment are encouraged to do this, and are helped in finding employment by the Department of Employment and Productivity Blind Persons' Resettlement Officer. Others, who need to work in a sheltered environment are employed at the Industrial Centre for the Blind, administered by the Welfare Committee, where employment is

provided for approximately 140 men and women in a variety of trades. Those who are able to work on their own account may enter the Blind Home-Workers Scheme where again they receive special assistance from the Welfare Department and are paid augmentation in addition to their earnings.

INCIDENCE OF BLINDNESS

Statistics

The total number of registered blind persons has decreased by eight over the last year.

<i>Year end</i>	<i>Total Registered Blind</i>	<i>Blind Children</i>	<i>Blind Men</i>	<i>Blind Women</i>	<i>Blind over 65 years</i>
1964	1,660	50	685	925	977
1965	1,659	41	670	948	981
1966	1,678	41	678	959	1,001
1967	1,670	37	671	962	1,008
1968	1,655	35	665	955	1,006
1969	1,647	30	654	963	1,001

The Blind Register

<i>Additions to Register 174</i>	<i>1964</i>	<i>1965</i>	<i>1966</i>	<i>1967</i>	<i>1968</i>	<i>1969</i>
Certified blind	152	172	192	162	204	154
Blind immigrants to Birmingham	18	20	19	18	18	19
Re-included on Register ..	1	—	1	2	1	1

Among those newly certified in 1969 was 1 child.

Deletions from Register 182

Through death	159	153	165	156	192	143
Left Birmingham	42	34	22	27	37	31
Sight improved	4	6	6	7	9	8

Forms B.D.8. completed on examination received during 1969 and relating to newly certified persons and those already registered who moved to reside in Birmingham fall into the following categories:-

Primary senile cataract and congenital cataract	32
Glaucoma	31
Other congenital and hereditary defects	1
Myopia	6
Ophthalmia neonatorum	—
Retinitis pigmentosa	6
Trauma	—
Diabetes	5
Other causes (these include senility, cause unknown, arteriosclerosis) ..	92

ARRANGEMENTS FOR CARE, EDUCATION AND EMPLOYMENT OF THE BLIND

31.12.68

31.12.69

121	Employed in Industrial centres	..	..	..	..	111
15	Approved home workers	..	..	..	..	14
181	Workers in sighted industry	..	..	..	..	183
1,052	Unemployable persons at home	..	..	..	..	1,067
244	Unemployable persons in Regional Board hospitals and various homes	..	..	..	..	231
13	Children at school	..	..	..	..	9
14	Children in own homes	..	..	..	..	14
8	Children in hospitals..	..	..	..	..	7
—	Babies in Sunshine Homes	..	..	..	..	—
7	Technical pupils in training	..	..	..	..	11
<hr/>						
1,655						1,647
<hr/>						

Register of Partially Sighted

There is no statutory definition in the National Assistance Act of 1948, but the Department of Health has advised that a person who is not blind within the meaning of the Act, but is nevertheless substantially and permanently handicapped by congenitally defective vision or in whose case illness or injury has caused defective vision of a substantial and permanently handicapping character, be regarded as partially sighted.

The numbers on the Register at the end of the year were:-

564 persons : 165 men : 249 women 150 children

Forms B.D.8. received during the year 1969 and relating to all newly certified partially sighted persons or those registered already who came to Birmingham, fall into the following categories:-

Primary senile cataract and congenital cataract	..	..	..	18
Glaucoma	..	..	..	7
Other hereditary and congenital defects	..	..	..	1
Myopia	..	..	..	2
Trauma	..	..	..	—
Diabetes	..	..	..	1
Other causes	..	..	..	47

Blind and Partially Sighted

Forms B.D.8. have been received for newly certified patients in the following age groups:

<i>Year of Receipt</i>	<i>0—1</i>	<i>2—4</i>	<i>5—15</i>	<i>16—20</i>	<i>21—49</i>	<i>50—64</i>	<i>65+</i>	<i>Total</i>
1964	2	8	25	3	17	35	236	326
1965	0	10	10	4	19	38	203	284
1966	3	11	14	2	15	39	219	303
1967	1	9	16	4	15	45	170	260
1968	1	14	20	4	19	42	200	300
1969	0	12	11	0	21	37	146	227

The causes of loss of vision and the treatment recommended were:-

	<i>Cause of Disability</i>			
	<i>Cataract</i>	<i>Glaucoma</i>	<i>Retrolental Fibroplasia</i>	<i>Others</i>
(i) Number of persons registered during the year in respect of which section "D" of the form B.D.8. recommends:—				
(a) No treatment	6	6	—	36
(b) Treatment (medical, surgical or optical) ..	36	29	—	114
(ii) Number of persons at (i) (b) above who on follow up at the end of the year had received treatment	16	14	—	62

The Deaf/Blind

In 1969 there were 45 deaf blind persons residing as follows:-

	<i>Men</i>	<i>Women</i>	<i>Children</i>	<i>Total</i>
In own homes	7	19	2	28
In homes and institutions ..	2	14	1	17
	9	33	3	45

CEREBRAL PALSY

The work of the Midland Spastic Association is linked very closely with the Welfare Department and the School Health Service and once again our thanks are due to them for the following information:-

PROVISION MADE FOR 914 SPASTICS IN 1969

CHILDREN UNDER 5 YEARS

Attending Cerebral Palsy Nursery	..	..	..	..	..	10
Attending normal nursery schools	..	..	..	..	..	1
In hospital .. .. .	..	..	..	..	..	3
At home—out-patient treatment	..	..	..	..	..	31
no treatment .. .. .	..	..	..	..	..	20
						<hr/>
Total known cerebral palsy patients under the age of 5 years						65
						<hr/>
Estimated population under 5 years	..	..	..	..	..	95,000

CHILDREN AGED 5 TO 15 YEARS

Attending day schools

Cerebral Palsy School	..	..	..	..	..	31
Schools for physically handicapped	..	..	..	..	..	47
Other special schools (deaf school 3; open air school 3; E.S.N. school 11).	..	..	..	..	..	17
Normal schools	..	..	..	..	..	62
Junior training centres	..	..	..	..	..	21

Attending residential schools

Cerebral Palsy School	..	..	..	..	..	11
Schools for the physically handicapped	..	..	..	..	..	4
Other special schools (blind school 3; E.S.N. school 1; open air school 1)	..	..	..	..	..	5
In institutions for the mentally subnormal	..	..	..	..	..	28
At home—ineducable	..	..	..	..	..	26
At home—educable, and awaiting placement	4

Total known cerebral palsy patients 5 to under 15 years						<hr/>	256
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Estimated population 5 to under 15 years		164,100
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PERSONS 15 YEARS AND OVER

Still at school	29
Senior training centres	65
Outwork—part-time housewives	21
Sheltered work	21
Training college	3
Normal work	218
Institution for the mentally subnormal	84
Midland Spastic Association Day Centre	25
Other day centres	22
In cerebral palsy home	5
In physically handicapped home	25
Hospital part III accommodation	3
At home	72
<hr/>	
Total known cerebral palsy patients aged 15 years and over	593
<hr/>	

At one time the word “spastic” was little known in the Midlands and no-one knew how many spastic children or adults there were kept hidden from the world for which they were not fitted. The Midland Spastic Association have for 20 years built up a complete picture of the spastic problem and the following sets out briefly the services provided for spastics.

In September 1948 Carlson House School was opened and since then the numbers have more than trebled and the buildings have been gradually extended. From the commencement the Midland Spastic Association Parent Groups had been formed and met in the homes of their members. From the start a Diagnostic Clinic, run with the Institute of Child Health, had been examining children and at the end of 1948 470 children had been examined. In 1950 their first Welfare Officer was appointed. She continued the task of analysing and listing spastic cases in the Midlands. This opened the way for home visits, advice and help for parents. The forming of the first craft class where unemployable spastics met together to carry out their work, was started in 1952 and this was a tremendous success. A full-time day centre providing instruction in a wide range of craftwork, outwork, and adult education now operates with three instructors, and other part time help.

A club for teenage spastics was formed in 1954 and for the first time at the weekly meetings of the Helping Hand Club these young handicapped people were able to lead a social life. Following the establishment of this club a club for older spastics was opened which became a weekly event of tremendous importance. In 1959 the Adventurers Club started and catered for spastics with special difficulties for which the other clubs could not fully provide. Members of the Adventurers Club now have their own club night. Home visiting by the Association brings in new candidates for membership of all the clubs.

The Association arranges home visits by qualified social workers, provides equipment, and help is given with clothing, holidays etc., in needy cases. A play centre has been provided for a small group of spastic children of pre-school age, most of whom are mentally as well as physically handicapped.

In addition to the above the Welfare Committee of the City Council provides services for the following individuals:-

Maintained in special establishments	15
Resident in part III accommodation in welfare homes	23
Participating in Handicraft Scheme	13
Doing outwork arranged by the Welfare Department	11
Assisted with adaptations in their own homes	—
Financial assistance given with holidays	—
Loan of a television set	—
Taking part in activities of the Birmingham Fellowship of the Handicapped	12

Financial aid is also granted to the Midland Spastic Association to assist in their work for spastics.

EPILEPSY

During 1969 assistance was given by the Welfare Committee to epileptics as follows:-

Maintained in colonies	24
Resident in Part III accommodation in welfare homes	38
Participating in Handicraft Scheme	16
Doing outwork arranged by the Welfare Department	12
Assisted with adaptations in their own homes	—
Loan of a television set	—
Taking part in activities of the Birmingham Fellowship of the Handicapped	12

The Welfare Committee also make available at a nominal charge a large hall for a weekly meeting of the British Epilepsy Club.

Three hundred and thirty six epileptic children of school age were known to the Education Department at the end of 1969. Of these the following were in:—

Primary schools	..	..	..	..	..	..	..	..	57
Secondary modern and grammar schools	..	..	..	..	..	..	..	..	108

There were 46 maintained at residential establishments and 125 were at special day schools.

FIRST-AID AND STAFF WELFARE SERVICE MEDICAL EXAMINATIONS, CREMATATIONS

First-Aid and Staff Welfare Service

This service is under the supervision of the Medical Officer for Corporation Staff Welfare.

The number of attendances at the Council House and Bush House Surgeries, staffed and maintained by the Public Health Department, was 6,106 compared with 5,319 in 1968.

Additional facilities are also provided, but by other Corporation Departments. There were, for instance, 480 attendances at the Baskerville House Surgery and 132 at the Welfare Building and Rates Office Surgery.

Employees from all Corporation Departments may make use of the service which works in co-operation with general practitioners and hospitals and is of great mutual benefit to employer and employee.

In collaboration with the Chief Public Health and Housing Inspector, Corporation Departments are advised and assisted in complying with the first-aid requirements of the Factories Act, 1961 and the Offices, Shops and Railway Premises Act, 1963.

Medical Examinations

Medical Examinations carried out by:—

(a) The Medical Officer for Corporation Staff Welfare:—

	1969	1968
Non-manual employees	1,789	1,672
Manual employees	1,032	995
On behalf of other local authorities	52	36
(b) Other local authorities on our behalf:—	75	76

The above figures relate only to the medical examinations carried out by the Medical Officer for Corporation Staff Welfare and do not include those done by:—

1. The School Health Service Medical Officers, on behalf of the Education Department and other local authorities.
2. The Panel of Medical Practitioners from whom 1,356 completed forms in respect of manual employees were received and dealt with in this department.

3. Other doctors with whom some Corporation Departments have special arrangements.
4. The doctors who advise the Treasurer of the City when the question arises of the retirement of Corporation employees on the grounds of permanent ill-health.

Cremations

The Medical Officer for Corporation Staff Welfare is also the Medical Referee for the two Municipal Crematoria.

Number of Cremation Certificates examined:-

									1969	1968
Lodge Hill	..	..	..	..	..	..	..	..	3,214	3,293
Yardley	..	..	..	..	..	..	..	..	2,322	2,232
TOTALS:									5,536	5,525

FOOD HYGIENE

The supervision of the hygiene of food, food handling and food premises continues to be a shared responsibility. The Chief Public Health and Housing Inspector exercises control over foodstuffs and all food premises throughout the City with the exception of the central wholesale and retail markets which remain under the supervision of the Chief Veterinary Officer and his Food Inspection Section who also supervise all slaughtering at the city abattoir and at certain private slaughterhouses and bacon factories.

Veterinary services and the work of the City Analyst and the Food and Drugs Sampling Officers are dealt with elsewhere in the Report.

This chapter, therefore, consists of two parts, first the work of the Public Health Inspectorate and then that of the Veterinary and Food Inspection Section.

CHIEF PUBLIC HEALTH AND HOUSING INSPECTOR'S SECTION

INSPECTION OF PREMISES AND FOODSTUFFS

Examination of foodstuffs in the course of their progress to the consumer and inspection of food premises and food shops are of prime importance both for the protection of the purchasing consumer and of public health. The City is divided into four divisions and attached to each division are two district food inspectors who work under the supervision of the divisional public health inspector and in association with the district inspectorate. Inspectors share the routine inspection of food premises and food stuffs, complaints are investigated and the specific requirements of the Food and Drugs Act, 1955, and the various Regulations and Orders made thereunder are enforced.

During the year, a total of 59,113 visits was made in connection with food and the hygiene of food premises compared with 55,380 visits in 1968.

Food Premises subject to the Food Hygiene (General) Regulations, 1960

	<i>Number of premises</i>	<i>Number which comply with Reg. 16*</i>	<i>Number to which Reg. 19 applies**</i>	<i>Number which comply with Reg. 19**</i>
Butchers (including those registered for food preparation)	904	904	904	904
Grocers	868	868	860	860
Greengrocers	721	721	719	719
Fishmongers	30	30	30	30
Other Food shops	2,651	2,650	1,417	1,417
Horseflesh shops	1	1	1	1
Licensed premises	1,802	1,802	1,774	1,792
Bakehouses	69	69	69	69
Factory canteens	749	749	749	749
School canteens	484	484	484	484
Eating houses and catering premises	983	983	983	983
Fish and chip friers	352	352	352	352
Breweries	6	6	6	6
Sweet manufacturers	14	14	14	14
Biscuit manufacturers	1	1	1	1
Potato crisp manufacturers	2	2	2	2
Jam makers	1	1	1	1
Mineral water factories	2	2	2	2
Registered food preparation premises (other than butchers)	58	58	58	58
Cold stores	4	4	4	4
Ice cream manufacturers	30	30	30	30
Egg pasteurisation plant	1	1	1	1
	9,733	9,732	8,461	8,479

* Regulation 16 requires the provision of wash hand basins, water supply, etc.

** Regulation 19 requires the provision of facilities for washing food and equipment.

Registered Food Preparation Premises

Certain food preparation premises such as those used for the manufacture of sausage, cooked meats and pork pies or for the preservation, potting or pickling of food are required to be registered under Section 16 (1) of the Food and Drugs Act, 1955.

At the end of the year there were 240 such registered premises in operation of which the bulk (182) were butchers' premises mainly engaged in the manufacture of sausage or the preserving of meat.

Registered Eating Houses and Catering Premises

Section 54 of the Birmingham Corporation Act, 1935, requires the registration with the Corporation of all premises substantially or mainly used for the sale of food to members of the public for consumption on the premises. Exception to this requirement is where a justice's licence for the sale of alcoholic liquor is held. At the end of the year there were 983 registered catering premises compared with 935 at the end of 1968.

Licensed Premises

Notifications of applications submitted to the Justices for licences to sell intoxicating liquor or for registration of clubs are sent to the Department as they are received so that opportunity can be given for objection to be raised where the requirements of the Acts and Regulations delegated to the Health Committee have not been met. There were 577 notifications received during the year. Opportunity was taken to carry out inspection and call for improvements as required. In one case it was necessary to raise formal objection with the Justices to the granting of a Special Hours Certificate in respect of club premises when a memorial had been received from nearby residents complaining of noise and disturbance. At the court hearing the magistrates upheld the residents' and the Department's objections and refused to grant a Special Hours Certificate.

The special visits to full on-licence premises were continued during the evening peak trading hours, followed by a visit during the day soon afterwards and a total of 53 on-licence premises were visited at night during the year.

At the end of the year the total of premises licensed for the sale of intoxicating liquor was 1,802 premises which included 734 public houses, 569 off-licences, 79 restaurants and 420 clubs.

Public Health inspectors made a total of 1,783 visits during the year to all types of licensed premises and where necessary, improvements were secured by verbal or written approach to the managements concerned.

Bakehouses

The number of bakehouses operating in the City is 69. Of these 30 premises are solely engaged in the manufacture of cake confectionery, two restrict their activities to the baking of bread and the remaining 37 manufacture both bread and confectionery in varying proportions. A total of 272 visits was made to bakehouses during the year and the general standard of hygiene was found to be good.

School Canteens, Kitchens etc.

Regular visits are made to school canteens to inspect food supplies, kitchens and storage conditions. Special checks are made at regular intervals and on request to examine meat, fish and other supplies of food and, where necessary, to check that quality and prices are according to the condition of contract. This service to schools is also extended to homes and residential premises operated by the Welfare, Children's and Public Health Departments and reports on unsatisfactory food supplies are made to the Central Purchasing Department and also taken up with the suppliers. At the same time, where food preparation conditions are found to call for improvement, the responsible departmental head is advised. A total of 4,059 visits was made to this class of premises during the year.

Factory Canteens

Regular visits of inspection are made to factory canteens which continue to play such a large part in the feeding habits of many workers and cater for thousands of main meals each day. A generally good standard of hygiene in food handling and of the premises was reported. There were 749 canteens known to be operating in the City in 1969 compared with 761 at the end of 1968, and a total of 549 visits was made.

Complaints and Request Inspections of Foodstuffs

A total of 3,467 visits was made during the year in connection with complaints regarding foodstuffs and requests to examine food which was thought to

be unfit. Complaints received totalled 754 compared with 607 in 1968 and below is a table setting out the various foods in respect of which complaints were received:-

<i>Commodity</i>	<i>Total complaints</i>	<i>Foreign matter contained in</i>		<i>Food affected by mould</i>	<i>Other complaints</i>
		<i>Home produced food</i>	<i>Imported food</i>		
Milk	99	54	—	8	37
Butter	10	3	1	2	4
Cheese	22	3	4	8	7
Bread	106	50	—	46	10
Confectionery and Sweets	99	45	1	25	28
Cereals	17	9	—	—	8
Jam	7	7	—	—	—
Meat	83	23	—	5	55
Cooked meat	14	3	—	2	9
Meat pies	63	11	—	41	11
Canned meat	44	4	9	6	25
Fish	22	6	3	—	13
Fruit	9	—	2	—	7
Canned fruit	18	2	7	4	5
Vegetables	22	10	2	3	7
Canned vegetables	8	1	2	3	2
Other food	111	38	1	10	62
TOTALS	754	269	32	163	290

It will be seen that two fifths of the complaints referred to foreign matter in food. Most of this was home produced food.

Many of the complaints of mould-affected foods are seasonal and arise in the warmer and humid summer months. This almost always indicates poor stock rotation and in some instances the failure of the manufacturer to impress upon the retailer the short shelf life of certain foods and the contributory failure of the retailer to appreciate this. There is room for considerable improvement in this direction including closer attention to coding, dating and rotation of stocks.

All complaints are investigated and in most cases the complaint is taken up with the manufacturer or distributor of the foodstuff concerned who is invited to visit the Department, to examine the food stuff and make observations on the complaint. In some cases the evidence is inconclusive and it is impossible to allocate the blame to anyone with certainty, but in the majority of cases the shopkeeper, distributor or manufacturer is issued with a warning and where possible advised on any steps he should take to avoid repetition of the cause of the complaints. In a number of cases it is found necessary to institute legal proceedings.

These investigations are most time consuming and one complaint may involve several visits, telephone calls, interviews and letters before a conclusion is reached. All this is very worthwhile, and lessons are learnt and taught which enhance the protection and safety of our food.

There is still room, however, for the consuming public to exercise its own safeguards and if purchasers will readily draw the attention of food traders to unsatisfactory products and let them know that a high standard is expected and standard complaints will be pressed unless it is maintained, then in the long run the expected standard will be achieved.

Food Hawkers, Mobile Shops, Mobile Canteens, etc.

A hawker of food, which term includes the operator of a mobile canteen or shop, must be registered under the provision of Section 42 of the Birmingham Corporation Act, 1948, before he can operate in the City. Under this Section, no one, other than a person keeping an open shop for sale of food shall, either by himself, or by any person employed by him, sell, offer or expose for sale any food from any cart, barrow or other vehicle or from any basket, pail, tray or other receptacle unless he is registered with the Corporation. In addition, if it is necessary to use premises for the storage of food intended for such sale from any cart, barrow, etc., then the premises must be suitable and registered with the Corporation.

At the end of the year the number of persons so registered was 480 and this figure included 41 operators of mobile canteens.

The provision of the Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations, 1966, apply in these cases and the co-operation of the operators in meeting requirements has been generally and readily forthcoming, but in four cases it was necessary to take legal proceedings to secure compliance with the Regulations.

Imported Food, Inland Road Port and Inland Rail Port

The Imported Food Regulations, 1968, make provision that, if desirable, inspection of imported food may be deferred until it has reached its place of destination. In the smaller sea ports, and indeed in some of the larger over-worked ports, it is not a practical proposition for all classes of food to be regularly inspected and this has been made more difficult with the increased use of bulk containers which are often sealed and refrigerated. The Regulations permit the receiving port health authorities to defer examination and to notify the local authority to whose area the food is destined who are then responsible for its inspection.

Since the Regulations came into force there has been a steady influx of unexamined food into the City from seaports, in particular from Liverpool, Holyhead and Hull and to a lesser degree from Fishguard, Manchester and Glasgow. During the year there was a total of 566 notifications and almost all of the foodstuffs have been consigned direct to wholesalers or other food firms in the City and have been inspected by this Department's officers on arrival.

The inland road port container base at Perry Barr began to accept cargoes in May, 1969, but construction work at the base was not completed until September when it was officially opened. Meetings have been held between officers of this Department, representatives of the consortium of firms running the base, officials of the Department of Health, of Customs and Excise and others and liaison has been established and an office set up at the container base for this Department's use in connection with its duties there. The container base is designed primarily for the Australian trade and to be used for the movement of container cargoes to and from the Midlands via the sea terminal at Tilbury. Because of labour troubles at Tilbury docks, container ships have been diverted to Antwerp where cargoes are unloaded and shipped to other sea ports in this country and full use of the container base has not been made. This trouble will be resolved in time and it can be anticipated that arrivals for the Midlands will increase. During the year 20 ships' cargoes in containers were dealt with and the total tonnage of food arriving at the container base was 8,231 tons, 11 cwts.

The bulk of the foods consisted of fruit (fresh, dried or canned) but there were other foods including rice, gelatine, honey and some meat. Approximately 10 per cent of these foods were examined for fitness and only minor adverse conditions were discovered.

The British Rail inland port is sited in Lawley Street and is also a large container base where containerised goods for the Midland region arrive from sea ports by rail for onward distribution by road or rail. Most of the foods arriving at this inland rail port have already received Customs and health clearance and liaison has been set up between this Department's officers and officers of British Rail and Customs and Excise. These duties, which so far have not proved onerous, were taken over from the Chief Veterinary Officer towards the end of the year.

Legal Proceedings involving Food and Food Premises, etc.

During the year it was found necessary to institute legal proceedings in the following cases:-

	<i>Cases taken</i>	<i>Fines imposed</i>
Section 2, Food and Drugs Act, 1955 (Selling food not of the nature, substance or quality demanded by the purchaser)	11	£210
Section 8, Food and Drugs Act, 1955 (Selling, offering or having in possession for purpose of sale, food which is unfit for human consumption)	1	£60
Food Hygiene (General) Regulations, 1960 (Dirty, defective or insufficiently equipped premises and offences in connection with the handling of food)	12	£850
Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulation, 1966 (Dirt, disrepair, lack of sufficient equipment and offences in connection with the handling of food) ..	4	£49

In the proceedings taken under Section 2 of the Food and Drugs Act, 1955, seven cases were in respect of foreign matter in food and included a cigarette found in bread; metal in milk, sausages and beef extract; bandage in a sausage roll; maggots in a chicken portion and a dead mouse in a bottle of milk. Four cases involved the sale of mould-affected foods all of which were bakers' products. Eight of the proceedings were taken against the manufacturers of the foods and the remaining three against the retailers. All defendants pleaded guilty. In the case taken under Section 8 of the Food and Drugs Act, 1955, a restaurant was found to be holding and using stocks of stale and mould-affected foods which were formally seized and brought before a magistrate who ordered them to be destroyed. In the subsequent legal proceedings a plea of guilty was entered.

In the proceedings taken under the Food Hygiene (General) Regulations, 1960, the following premises were involved—three cafes, one restaurant, one hotel, two greengrocers, one butchers, one fish and chip shop and three general food stores. The restaurant was a particularly bad case and evidence was given of employees cleaning their teeth over food preparation sinks, of live chickens kept in the kitchen for slaughter, of dirty walls, floors, equipment and of large accumulations of refuse in food rooms and in the yard. The restaurant was the one involved in the holding and use of unfit food mentioned above and the three proprietors were found guilty on 13 charges and fined a total of £255. In another case a butcher's shop was also used for, keeping and slaughtering of chickens and conditions were deplorable. Fourteen charges were laid against the proprietor who was found guilty and fined a total of £140. A third case involved a leading hotel in the City centre where, despite many warnings, there had been a steady decline in the standard of maintenance, repair and cleaning of food rooms and equipment. The case received considerable publicity and on a plea of guilty the Company was fined a total of £70 on nine charges. The hotel building was old and congested and shortly afterwards the proprietors closed down the business. A fourth case concerned the proprietor of a food business who insisted on chewing on the butt of a cigar while serving customers. He was duly warned on a number of occasions and finally had to be brought before the magistrates where, despite his solicitor's plea that the cigar was unlit, he was fined £5 for this illegal use of tobacco.

In the proceedings taken under the Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations, 1966, the cases involved hot dog carts and ice cream vehicles where equipment was not provided, or the name and address of the proprietor was not exhibited or there were other contraventions of the Regulations. All defendants pleaded guilty.

Game Dealers

Game dealers are required to obtain a licence from the local authority which must be produced in support of an application for an excise licence. Licences are granted annually on 1st July and at the end of the year there were 52 licences in force.

MILK AND DAIRIES AND ICE CREAM

The general supervision of milk and ice cream storage, distribution and sale is carried out by the divisional public health inspectorate. In order to ensure continuity of policy, the routine inspection of the six processing dairies, the seven large ice cream and iced lollipop manufacturers and the egg pasteurisation plant is maintained by an inspector who has a wide experience in this type of work and is based at the divisional office at Perry Barr.

Dairy Premises, etc.

The number of dairy and allied premises under inspection at the end of the year was as follows:-

Pasteurising plants: all H.T.S.T.	..	..	..	..	..	..	..	4
Sterilising plants	..	..	..	..	..	..	..	4
Distributing depots	..	..	..	..	..	..	..	24
Retail purveyors	..	..	..	..	..	..	..	19

Reorganisation of a dairy engaged in the processing of milk, ice cream, fresh cream and yoghourt has involved the discontinuance of milk pasteurisation.

Planning applications for the establishment of two milk distribution depots were considered. Approval was recommended in one instance for a new depot near the city centre, but in the other case, the development was in a residential area and was considered to be unsatisfactory development and permission was refused.

Untreated Milk

There is no record of its now being retailed in the City. Samples of untreated milk on arrival at processing dairies continue to be taken and any adverse reports passed to local authorities in whose areas the farms concerned are located. In one instance a positive reaction to the Brucella ring test was obtained from a sample of milk produced on a farm within the City. Milk from this source always goes to a processing dairy but the farmer was warned against the consumption of untreated milk from his herd by his own family and the families of any employees. Advice was also given on the elimination of brucellosis from the herd.

Cold milk dispensing machines

A large number of unsatisfactory samples continue to come from these sources and the expected improvement from the use of dairy sealed packs has not been maintained. Many of the poor samples result from poor stock rotation by users, coupled with the failure to carry out satisfactory cleansing procedures. Pressure is being brought to bear on persistent offenders to improve standards.

Milk Vending machines

There has been a decline in the number of these machines on public sites and no significant problems have arisen during the year.

Complaints

A total of 70 complaints was received; these are summarised as follows:-

	<i>General public</i>			<i>Schools</i>
Inadequately cleansed bottles	28			1
Foreign objects in bottles	14			1
Taint, abnormalities and souring	14			1
Watery sterilized milk	11			—

Once more the presence of stale milk solids and mould growths in bottles accounted for the majority of complaints relating to inadequately cleansed bottles, but there was a case of insect pupae (Phorid Fly) adhering to the inside surface of a bottle of pasteurised milk. Successful prosecutions were taken in eight instances and fines totalling £100 and costs imposed. Foreign matter in bottles continued to raise problems. Objects such as hairgrips, foil caps, plastic caps, aluminium foil and paper were common causes for complaint and there was one instance of a mouse in a bottle of milk. Two prosecutions were taken and fines totalling £40 imposed.

Two abnormalities were accounted for by the presence of impurities in the glass of the bottles, but although the full bottles had a unpleasant appearance, the contents were sound and normal. Wear and abrasive marks (scuffing) on outsides of bottles were responsible for four complaints—there was no adverse effect on the contents. There were seven complaints of unusual taints or odours but only in one instance was anything abnormal detected on laboratory examination. One bottle of milk was found to be contaminated with sodium hypochlorite, a sterilising agent not normally used in the processing dairy concerned but which is extensively used by farmers. It was therefore concluded that incoming raw milk had been the cause of the complaint.

Fresh Cream

A high proportion of samples obtained, 140 out of 359 (39 per cent), fell below the "satisfactory" standard of the methylene blue test as recommended by the Public Health Laboratory Service report of 1958. In the absence of statutory bacteriological standards for cream only moral persuasion and education can be used to improve matters, but it is significant that one of the major dairies in the City has achieved 100 per cent satisfactory sampling results for the second year running and what is achieved by one should be capable of being achieved by all.

Ice Cream and Iced Lollipops

Registration of persons and premises for the manufacture and sale of ice cream and iced lollipops is effected under Section 54 of the Birmingham Corporation Act, 1935, as extended by Section 58 of the Birmingham Corporation Act, 1954.

There were 92 new registrations of persons and premises for the sale of ice cream and iced lollipops and there were 43 cancellations, a net increase of 49. At the same time there was an increase of 25 in the number of mobile vendors registered to manufacture and sell ice cream. One manufacturer of iced lollipops went out of business following the demolition of the premises.

No complaints were received from the public but reference was made by a London Borough to the possibility of ice cream being involved in an isolated instance of food poisoning. Examination of six samples of ice cream of the same batch proved negative.

Registration under Birmingham Corporation Acts, 1935—1954.

Persons

(a)	For manufacture and sale of ice cream	..	..	..	..	122
					<i>91 in respect of manufacture of soft ice cream on mobile vehicles</i>	
(b)	For manufacture and sale of iced lollipops	..	..	..	..	21
(c)	For sale only of ice cream and iced lollipops	..	..	..	..	3,161

Premises

(a)	For manufacture of ice cream	..	..	..	..	31
					<i>25 in respect of shops with soft ice cream freezers</i>	
(b)	For manufacture and sale of iced lollipops	..	..	..	..	21

All unsatisfactory samples of ice cream, 51 (i.e. 50 Grade III and one Grade IV) came from soft ice cream vendors. The direct cause of sample failure could be traced to poor rotation of stocks of mix and unsatisfactory cleaning and sterilising routines. Each sampling failure is followed up and suitable guidance given to vendors, but it must be commented that in some cases this is not always effective with the class of person involved.

Yoghourt

Consumption has increased rapidly and two city dairies are now extensively involved in the manufacture of this product. There are no legal standards and this food is liable to rapid deterioration due to the presence of yeasts in the fruit flavoured varieties and to storage at temperatures in excess of 45°F. Six complaints were received which were attributable to poor storage and stock rotation, a piece of wire was found in one carton and a beetle, presumably introduced during the addition of fruit pulp, gave rise to complaint in respect of another carton.

SAMPLING OF MILK, ICE CREAM AND ALLIED PRODUCTS

Owing to the generally satisfactory results obtained over a number of years, a reduction in the overall amount of sampling was decided upon in order to reduce costs and to permit sampling officers to concentrate on other foods. Reference to other samples of food and drugs is to be found, as in the past, in the part of the Report dealing with the work of the Analytical Laboratory.

PASTEURISED MILK

		<i>Methylene Blue Test</i>		<i>Phosphatase Test</i>	
		<i>Number</i>	<i>Number</i>	<i>Number</i>	<i>Number</i>
		<i>submitted</i>	<i>failed</i>	<i>submitted</i>	<i>failed</i>
<i>From dairies inside City</i>					
From roundsmen	..	224	1	234	Nil
From schools	.. ..	67	1	67	Nil
From vending machines		46	Nil	47	Nil
From churns	.. ..	40	1	18	Nil
From dispensers	..	199	20	Nil	Nil
<i>From dairies outside City</i>					
From roundsmen	..	126	Nil	125	Nil
From churns	.. ..	17	1	9	Nil
From dispensers	..	1	1	Nil	Nil

Nine samples were declared "void" on account of excessive atmospheric shade temperatures and are included in the above totals.

STERILISED MILK

	<i>Turbidity Test</i>	
	<i>submitted</i>	<i>failed</i>
From dairies inside City	62	Nil
From dairies outside City	22	Nil

ULTRA HEAT TREATED MILK

	<i>Plate Count</i>	
	<i>submitted</i>	<i>failed</i>
From retail shops	18	Nil

RAW MILK PRIOR TO PROCESSING

	<i>Brucella ring test</i>		<i>Antibiotic</i>	
	<i>Number</i>	<i>Number</i>	<i>Number</i>	<i>Number</i>
	<i>submitted</i>	<i>positive</i>	<i>submitted</i>	<i>positive</i>
From processing dairies	164	53	222	1

Two samples of goats milk were submitted to the methylene blue test and were examined for Brucella with satisfactory results.

Churn and Bottle Washing

Examination of churns and bottles after their run through the washing plant at the dairies gave the following results:-

Churns	21 samples taken:	1 unsatisfactory:
Bottles	38 samples taken:	4 unsatisfactory:

Fresh Cream

359 samples were submitted for the provisional methylene blue test:-

<i>Number of samples</i>	<i>Decolourisation time</i>	<i>Remarks</i>
7	Nil	unsatisfactory
133	$\frac{1}{2}$ to 4 hours	fairly satisfactory
219	More than 4 hours	satisfactory

Imitation Cream

Samples taken from bakeries gave the following results:-

			<i>No. of samples</i>	<i>Plate Count satisfactory</i>	<i>Plate Count unsatisfactory</i>	<i>B. Coli present</i>
Unopened tins	..	..	39	37	2	Nil
Mixing bowls	..	..	38	28	10	Nil
Other baking utensils	..	..	6	6	Nil	Nil

Ice Cream

Results of samples submitted to the provisional methylene blue tests are as follows:-

<i>Grade</i>	<i>Manufactured on premises in the City</i>	<i>Manufactured on premises outside the City</i>	<i>Total 1969</i>	<i>Total 1968</i>
1 & 2	350	252	602	629
3 & 4	41	10	51	60

A total of 304 samples was submitted for chemical analysis and all were satisfactory.

Six special samples of ice cream were submitted for examination for food poisoning organisms and all were negative.

Iced Lollipops

One hundred and thirty-three samples submitted for bacteriological examination and 14 for chemical analysis to detect presence of metallic contamination. All samples were satisfactory.

Egg

Thirty-four samples of pasteurised egg were taken for the alpha-amylase test. All were satisfactory.

SHELLFISH

Of the various shellfish on sale, mussels are considered to be the most likely to give unsatisfactory results. The following table shows the numbers of samples taken and the results obtained. In each case an average of two pools of five mussels each was taken.

<i>Source</i>	<i>Number of Samples</i>	<i>Not exceeding 5 B. coli Type 1 per 1 ml. of fish (satisfactory)</i>	<i>Exceeding 5 but not exceeding 15 B. coli Type 1 per 1 ml. of fish (suspect)</i>	<i>Exceeding 15 B. coli Type 1 per 1 ml. of fish (unsatisfactory)</i>
A	42	42	—	—
B	18	15	2	1
C	14	13	—	1
D	6	4	2	—
E	3	3	—	—
F	2	1	—	1
G	1	1	—	—
H	1	1	—	—
TOTAL	87	80	4	3

In those cases where the results are classified as “suspect” or “unsatisfactory” reports were made to the medical officer of health concerned where such action was appropriate.

VETERINARY AND FOOD INSPECTION SECTION

SLAUGHTERHOUSES AND MEAT INSPECTION

In addition to the public abattoir, which is the main slaughtering centre in the City, at the end of 1969 there were nine licensed private slaughterhouses. Meat inspection is carried out by a staff of authorised meat inspectors under the supervision of veterinary officers, and animals are examined before and after slaughter to ascertain their fitness for human consumption. This staff is based at the public abattoir, where a laboratory is maintained to assist in the diagnosis of various diseases. Visits are made as necessary to the private slaughterhouses; 2,855 such visits were made in 1969.

The meat inspection staff are also responsible for ensuring that high standards of hygiene are maintained in the slaughterhouses and that slaughtering is carried out humanely, and for the inspection of the vehicles used for the transport of animals and of meat.

It is not usually necessary to take legal action to ensure compliance with the required standards; verbal warnings and/or advice usually being sufficient. Proceedings had to be taken against four men under the Hygiene Regulations and against three men under the Slaughter of Animals (Prevention of Cruelty) Regulations. The defendants were fined amounts ranging from £10 to £20 each.

Animals slaughtered in the City

The following table shows the numbers of animals slaughtered at slaughterhouses in the City with comparative figures for 1968.

				<i>Beasts</i>	<i>Calves</i>	<i>Sheep</i>	<i>Pigs</i>	<i>Total</i>
Public Abattoir	..	..	1969	24,592	7,227	181,330	89,562	302,711
			1968	36,117	9,948	260,012	78,959	385,036
Private slaughterhouses	..	..	1969	492	34	11,049	92,350	103,925
			1968	504	42	5,523	107,485	113,554
<hr/>								
			1969	25,084	7,261	192,379	181,912	406,636
TOTAL	..	..	1968	36,621	9,990	265,535	186,444	498,590

Licensing of Slaughtermen

Only persons holding a licence granted by the local authority are permitted to slaughter or stun animals in a slaughterhouse. Licences, other than renewals of existing licences, are granted subject to the condition that the holder may slaughter or stun animals only under the supervision of an experienced slaughterman; a full licence is then granted when the slaughterman has gained experience and can demonstrate his efficiency.

At the 31st December, 1969, there were 94 licences in force, 12 of which were provisional.

There are no knackers' yards in Birmingham.

Incidence of disease

The following tables show the incidence of various diseases in food animals slaughtered in the City.

CONDEMNATIONS

AT PUBLIC ABATTOIR

AT PRIVATE SLAUGHTERHOUSES

	Carcases				Offal				Carcases				Offal			
	Total	Partial	Total	Partial	Total	Partial	Total	Partial	Total	Partial	Total	Partial	Total	Partial	Total	Partial
ADULT CATTLE:																
Tuberculosis	—	—	—	3	—	—	—	—	—	—	—	—	—	—	—	—
Johne's disease	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Actinobacillosis (—mycosis)	—	—	1	80	—	—	—	—	—	—	—	—	—	—	1	—
Septicaemic conditions	3	—	3	1	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia and/or pleurisy	1	5	1	1434	—	—	—	—	—	—	—	—	—	—	16	—
Peritonitis	—	176	—	518	—	—	—	—	—	—	—	—	—	—	1	—
Mastitis	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Hepatic abscess	—	—	—	1064	—	—	—	—	—	—	—	—	—	—	14	—
Fascioliasis (flake)	—	—	—	7194	—	—	—	—	—	—	—	—	—	—	133	—
Parasitic pneumonia	—	—	—	46	—	—	—	—	—	—	—	—	—	—	2	—
Echinococcosis	—	—	—	780	—	—	—	—	—	—	—	—	—	—	1	—
Cysticercosis (C. bovis)																
(a) Rejected	—	—	—	154	—	—	—	—	—	—	—	—	—	—	1	—
(b) Refrigerated	154	—	—	154	—	—	—	—	—	—	—	—	—	—	—	—
Tumours	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Bruising	1	98	1	20	—	—	—	—	—	—	—	—	—	—	—	—
Emaciation and oedema	14	—	14	—	—	—	—	—	—	—	—	—	—	—	—	—
Other conditions	8	803	8	1525	—	—	—	—	—	—	—	—	—	—	9	—
CALVES:																
Congenital tuberculosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Septicaemic conditions	16	—	16	—	—	—	—	—	—	—	—	—	—	—	—	—
Joint-ill or navel-ill... ..	67	—	67	—	—	—	—	—	—	—	—	—	—	—	—	—
Bruising	1	5	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Emaciation and oedema	30	—	30	—	—	—	—	—	—	—	—	—	—	—	—	—
Immaturity	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Other conditions	28	20	28	44	—	—	—	—	—	—	—	—	—	—	—	—
PIGS:																
Swine fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Swine erysipelas	49	201	49	—	17	18	17	—	—	—	—	—	—	—	—	—
Tuberculosis	23	1	23	2085	13	—	13	1926	—	—	—	—	—	—	—	—
Septicaemic conditions	65	—	65	—	38	—	38	—	—	—	—	—	—	—	—	—
Pneumonia and/or pleurisy	1	37	1	6490	7	66	7	4794	—	—	—	—	—	—	—	—
Pyæmia	92	—	92	—	63	—	63	—	—	—	—	—	—	—	—	—
Arthritis	29	257	29	4	10	284	10	7	—	—	—	—	—	—	—	—
Abscess	45	485	45	305	62	364	62	102	—	—	—	—	—	—	—	—
Echinococcosis	2	—	2	77	2	—	2	2	—	—	—	—	—	—	—	—
Ascariasis (Milk spot)	—	—	—	7691	—	—	—	4729	—	—	—	—	—	—	—	—
Bruising	1	117	1	2	2	182	2	—	—	—	—	—	—	—	—	—
Other conditions	156	288	156	3344	54	27	64	8019	—	—	—	—	—	—	—	—
SHEEP:																
Septicaemic conditions	96	—	96	—	—	—	—	—	—	—	—	—	—	—	—	—
Pyæmia	312	—	312	—	3	—	3	—	—	—	—	—	—	—	—	—
Pneumonia and/or pleurisy	5	48	5	1075	—	—	—	200	—	—	—	—	—	—	—	—
Arthritis	21	191	21	1	—	3	—	—	—	—	—	—	—	—	—	—
Fascioliasis (flake)	—	—	—	22660	—	—	—	1428	—	—	—	—	—	—	—	—
Cysticercus ovis	1	1	1	50	—	—	—	—	—	—	—	—	—	—	—	—
Echinococcosis	—	—	—	21368	—	—	—	580	—	—	—	—	—	—	—	—
Bruising	15	84	15	—	—	2	—	—	—	—	—	—	—	—	—	—
Emaciation and oedema	1094	21	1094	5	19	1	19	—	—	—	—	—	—	—	—	—
Other conditions	487	1380	487	1791	1	5	1	56	—	—	—	—	—	—	—	—

CENTRAL WHOLESALE AND RETAIL MARKETS

The markets concerned are the wholesale fish, fruit and vegetable markets, the Bull Ring Centre market hall and the Bull Ring open-air market. Senior food inspectors are engaged on work in these markets where a continuous check is made on the food passing through and on the standards of hygiene.

FOODS JUDGED AS UNFIT

					<i>1968</i>			<i>1969</i>		
					<i>T.</i>	<i>c.</i>	<i>q.</i>	<i>T.</i>	<i>c.</i>	<i>q.</i>
Meat and Offal	..	..	..	..	369	7	2	372	12	2
Fish .. .. .	..	..	..	..	38	19	1	40	16	3
Poultry etc. . .	..	..	..	..	34	5	3	43	0	1
Fruit and Vegetables	..	..	..	..	683	18	2	680	9	0
Miscellaneous	..	..	..	..	76	11	1	79	0	1
					<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
					1203	2	1	1215	18	3
					<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

These figures represent all foods rejected as unfit for human consumption. The bulk of these — 1120 tons. 18 cwts. 2 qrs. — was surrendered at the wholesale and central markets, public abattoir and private slaughterhouses before it reached the retail outlets. The remainder — 95 tons. 0 cwts. 1 qr. — was surrendered to the public health inspectors at food premises and shops throughout the City.

VETERINARY SERVICES

DISEASES OF ANIMALS ACTS

The Department is responsible through its Veterinary Section for carrying out the duties of the Local Authority under these Acts and the Orders made under them. In addition to those specifically mentioned below, these duties include the publication of the orders of the Ministry of Agriculture, Fisheries and Food, the supervision of the cleansing and disinfection of infected premises, the issuing of licences for the movement of animals, and the enforcement of orders made for the protection of animals and poultry from unnecessary suffering during transit.

The two veterinary officers have been appointed local veterinary inspectors of the Ministry of Agriculture, Fisheries and Food in Birmingham, and in that capacity make diagnostic inquiries in the case of suspected scheduled diseases.

Dead Animals

Animals found dead on arrival at their destinations or which may die whilst awaiting slaughter, and pigs which die on private premises, are examined to ascertain the presence or otherwise of anthrax or other scheduled contagious diseases. The following table shows the numbers found dead during the year:-

VETERINARY SERVICES

	<i>Beast</i>	<i>Calves</i>	<i>Sheep</i>	<i>Pigs</i>
City Abattoir	1	11	100	62
Other slaughterhouses ..	—	—	—	93
Pig keepers' premises ..	—	—	—	—
	1	11	100	155

The result of the examination was negative in each case.

Diseases of Animals (Waste Foods) Order, 1957

This order provides for the licensing by local authorities of plant used for the boiling of waste food intended for feeding to animals or poultry. At the 31st December, 1969, 20 licences remained in force.

Pig Keepers' Premises

These premises are visited to examine dead pigs, to inspect the records which are required to be kept under the Movement of Animals (Records) Order, 1960, and to check that the provisions of the Diseases of Animals (Waste Foods) Order, 1957, are complied with. Additionally, visits are made to see store pigs which have been brought into the City under licence, during the period of 28 days' detention prescribed by the licence. During the year, 1,666 store pigs were licensed to premises in the City and 53 visits were made.

Dairy Farms

At the end of 1969, only five dairy herds remained within the City boundary and the total number of cows kept is approximately 186.

A veterinary officer of the Department makes periodical visits to these farms, but regular supervision is the responsibility of the Ministry of Agriculture, Fisheries and Food.

Importation of Dogs and Cats Order, 1928

The R.S.P.C.A. kennels at Barnes Hill, California, are approved by the Ministry of Agriculture, Fisheries and Food as a place of detention and isolation for imported dogs undergoing quarantine.

A veterinary officer visits the premises once in every period of four weeks and makes a report to the Ministry of Agriculture, Fisheries and Food.

Certificates for export

Export certificates are issued when required for straw, animal casings, meat, dogs and birds which are to be exported. The form of certificate varies according to the requirements of the country of destination; in the case of dogs for certain destinations, blood samples have to be taken and submitted to the Ministry of Agriculture laboratory for examination.

PET SHOPS

The Pet Animals Act, 1951, regulates the sale of pet animals and makes it an offence to keep a pet shop except under the authority of a licence granted by the local authority.

The licensing and inspection of pet shops is carried out by the Veterinary Section and during the year 94 visits were made to proposed new pet shops and to existing pet shops, to ensure that the conditions of the licence were being observed.

At the 31st December, 1969, there were 66 licensed pet shops in the city.

ANIMAL BOARDING ESTABLISHMENTS

The Animal Boarding Establishments Act, 1963, regulates the keeping of boarding establishments for dogs and cats and makes it an offence to keep such an establishment except under the authority of a licence granted by the local authority.

The licensing and inspection of these premises is carried out by the Veterinary Section and during the year 33 visits were made in connection with the granting of licences and to ensure that, where licences had been granted, the conditions of the licence were being complied with.

At the 31st December, 1969, there were 10 licensed animal boarding establishments in the city.

RIDING ESTABLISHMENTS

The Riding Establishments Act, 1964, requires local authorities to inspect and license riding establishments. There are 2 licensed riding establishments in the City and, during 1969, 7 visits were made.

CARE OF CORPORATION HORSES, ETC.

This work is carried out by the Veterinary Section and covers the provision of feeding stuffs and bedding for animals owned by the Corporation, and the shoeing of the horses and veterinary attention when required.

Animal Feeding Stuffs and Bedding

A granary is maintained, supplies of feeding stuffs, etc., being purchased in bulk and delivered to other departments and institutions as required.

Blacksmiths

A blacksmith is employed at the Department's forge. In addition to the shoeing of the Police horses, he carried out general work for other departments, mainly the Public Works Department.

Veterinary Attention.

Animals belonging to the Corporation receive veterinary attention from one of the Department's veterinary officers whenever necessary. During the year, treatment was given to the Police horses and to dogs belonging to the Parks, Police and Water Departments.

The purchase of new horses and the sale of horses no longer required are arranged by the Chief Veterinary Officer. All new police dogs are examined, X-rayed for hip dysplasia, and vaccinated against distemper, contagious hepatitis and leptospirosis.

Horses

The Department owns 23 horses which are hired to the Police. Four new horses were bought during the year at a total cost of £1,395, as replacements for horses which were disposed of as unsuitable for further police work.

ENVIRONMENTAL HEALTH SERVICES

Re-organisation of the Work of the Public Health Inspectors

1969 was a year of preparation for the coming into force of the housing Act, 1969, which it is hoped will have a significant effect on the work of the public health inspector, especially in dealing with the repair and improvement of dwellings. It was noticeable that owners, anticipating more generous grants and relaxed conditions as outlined in the Housing Bill, were not coming forward in their usual numbers with applications for improvement grants. This is illustrated in the figures given under the specific headings but toward the end of 1969, after the passing of the Act which came into force on 25th August, an increased number of applications were received and this trend continued to the end of the year and well into 1970.

The changes brought about by the Housing Act 1969 required concentrated in-service training of the staff and this was undertaken with vigour at all levels, affecting clerical as well as inspectorial staff. The Department is fortunate in that, since the re-organisation of the public health inspectorate, there has been a stable staff, and in October the fourth Divisional Office was established at Rookery Park, Erdington, putting the staff in the position of being poised ready for action as soon as the Act became law.

Staff

During the year four qualified public health inspectors left the Section, two to take up appointments in Canada and two with local authorities in this country. One inspector who had hitherto been on general duties was appointed to specialise in the duties of Divisional Air Pollution and Noise Abatement Inspector. Four further students were recruited, two for the Degree Course at the University of Aston in Birmingham and two for the Diploma Course at the Matthew Boulton Technical College. This year a course was run at the Matthew Boulton Technical College, and the three students who had been recruited in the previous year were able to join the two newly appointed students, commencing in September. One student withdrew from the course having just completed his third year of training.

The number of students under training at the end of the year was as follows:—

<i>Year</i>						<i>Number of students</i>
First year—Degree .. .. .	..	..	..	..	..	2
Diploma .. .. .	..	..	..	..	..	5
Second year—Degree .. .. .	..	..	..	..	..	2
Third year—Diploma .. .. .	..	..	..	..	..	5
Fourth year—Diploma .. .. .	..	..	..	..	..	13
						<hr/>
						27
						<hr/>

Six students qualified during the year and were appointed to the staff.

The number of staff employed on district duties at the end of the year was as follows:—

						<i>Establishment</i>	<i>Actual</i>
District Inspectors .. .. .	..	..	..	..	..	12	12
Senior Assistant District Inspectors .. .. .	..	..	..	..	..	12	12
*Assistant District Inspectors .. .. .	..	..	..	..	..	36	41
Student Public Health Inspectors .. .. .	..	..	..	..	..	36	27
*Technical Assistants .. .. .	..	..	..	..	..	36	15

*There is a degree of inter-changeability between these posts.

One technical assistant retired during the year.

The duties under the Shops Act, 1950 continued to be carried out by inspectors who specialise in this aspect of the work.

Inspections

1969 was the second complete year following re-organisation and, as in the previous year, there was a substantial increase in the number of premises visited, the total number being 343,113 compared with 324,239 in the previous year.

22,732 visits were made to houses in multiple occupation compared with 21,100 visits in the year before. 13,128 visits were made to houses with a view to securing improvements.

The total of visits by staff engaged on general district duties during 1969 was made up as follows:—

						<i>% of total</i>
House inspections	..	..	..	..	128,459	50·58
Inspection of food premises	..	..	..	..	15,919	6·27
Visits re. infectious diseases	..	..	..	..	10,622	4·18
Inspections of outworkers' premises	..	..	..	..	760	·30
Inspections of tents, vans and sheds	..	..	..	..	53	·02
Inspections of stables and pigsties	..	..	..	..	73	·03
Inspections of tips	..	..	..	..	812	·32
Visits to burials, exhumations, etc.	..	..	..	..	23	·01
Inspections of pleasure fairs and circuses	..	..	..	..	64	·03
Visits re sampling of water (not by Water Sampling Officer)	..	..	..	..	1,443	·57
Visits re taking of rag flock samples	..	..	..	..	15	·01
Inspections of offensive trade premises	..	..	..	..	48	·02
Inspections of factory premises	..	..	..	..	3,025	1·19
Inspections of surface air-raid shelters	..	..	..	..	34	·01
Inspections of common lodging houses	..	..	..	..	113	·04
Inspections of premises re Town and Country Planning applications	..	..	..	..	2,318	·91
Inspections of public houses	..	..	..	..	348	·14
Visits by students under instruction by qualified inspectors	..	..	..	..	15,433	6·08
Joint visits made by qualified inspectors	..	..	..	..	3,018	1·19
Other successful visits	..	..	..	..	30,754	12·11
Unsuccessful visits	..	..	..	..	29,839	11·74
Visits re lectures and demonstrations to visitors	..	..	..	..	325	·13
Visits to offices and shops	..	..	..	..	4,491	1·77
Visits to agricultural units	..	..	..	..	62	·02
Inspections re rodent control	..	..	..	..	5,919	2·33
					<hr/> 253,970 <hr/>	<hr/> 100·00 <hr/>

UNFIT HOUSES

This year has seen the introduction of a new Housing Act whereby official emphasis has been changed from the concentration of effort on demolition of unfit houses to the consideration of conserving older houses now falling into disrepair. These houses if left without attention will deteriorate to the point where demolition is the only remedy. This is extremely wasteful and local authorities, therefore, are being asked to give greater attention to houses of this type with a view to their renovation and to some extent, rejuvenation.

Under the new Act, an incentive is given to local authorities to carry out environmental improvements in areas which would benefit by such action. At the same time owners of houses in these areas are to be encouraged to refurbish their properties and this would apply particularly when a firm guarantee of non-disturbance for a long period of time can be given.

The Act also offers other advantages to owner-occupiers and landlords by way of increased grants both for standard and discretionary improvements. It is also possible under certain circumstances to obtain a grant for repairs in connection with improvements.

In anticipation of the legislation a Working Party under the Chairmanship of the Assistant Town Clerk and consisting of officers of the Public Health, Public Works Planning and Redevelopment, Architects, Housing Management, Estates and Treasurer's Departments was set up to consider the possibility of general improvement areas. As a result two areas have been decided upon by the Health Committee in the Summerfield district of Ladywood. A number of others are in an advanced planning stage and many more are programmed for different parts of the City.

The amount of work involved is very considerable and time consuming—for instance, among other things, it is necessary to ascertain, first of all the names and addresses of all occupiers and owners; whether the houses have all or any of the amenities; whether the occupants are car owners and, if so, where the cars are kept. It is also essential to consider the traffic pattern with a view to the closing of certain roads to reduce through traffic, which in turn means that consideration must be given to services such as water, gas, electricity, telephone, and also to sewers. Lay-out plans must be prepared indicating the environmental improvements to be carried out, including children's play spaces, garages and car spaces and landscaping.

The wishes of the inhabitants and owners of the houses in the areas must be invited before any final decisions are reached.

In the Summerfield areas 268 houses are included, of these 64 belong to the Local Authority, 83 are owner-occupied, 117 are tenanted and, at the time of inspection, four were void. There are 101 houses lacking some or all amenities and 56 of the householders are car owners.

A public Meeting was held in September which was attended by some 400 people who displayed great interest in the proposals. This very successful meeting resulted in the decision to declare these areas as General Improvement Areas following a report submitted to the Health Committee.

Slum clearance is proceeding on an unprecedented scale and in addition areas of the City are to be redeveloped under powers contained in the Town and Country Planning Acts. This, together with the preliminary work which is being undertaken on general improvement areas, places a very heavy load on the public health inspectors in assessing house condition. Whereas the figures for houses represented for slum clearance purposes may be small, many thousands of houses have been inspected for assessment of their condition.

The representation of unfit houses is however, being continued at a steady rate but efforts are being concentrated to some extent on the renovation of older houses. A survey of localities containing houses of this type has been carried out and it is anticipated that a special drive will be made to bring about this rejuvenation. New legislation introduced in the Housing Act, 1969 is extremely helpful as it now makes it possible for notices to be served compelling owners to carry out works of a substantial nature even though the house, in itself, is not unfit.

Owners of 50 houses were served with notices under Section 9 of the Housing Act, 1957 which required them to render these dwellings fit by the carrying out of specified works. The number of houses rendered fit in 1969 following the service of such notices was 27.

A considerable amount of preliminary work has been carried out by officers of the Department in connection with suggested general improvement areas and, in conjunction with officers of the Public Works Department, a survey has been made of properties in areas delineated as Action Areas to help decide their "life" expectancy. This will be of value in deciding future programming.

Clearance Areas

In the year 1969, 566 houses were represented in 47 Clearance Areas bringing the total representations since 1955 to 30,407.

Compulsory Purchase Orders, Clearance Orders, Public Local Inquiries

During the year four Public Local Inquiries have been held. These appertained to nine orders involving 142 houses. The owners, or their representatives, of 82 houses objected to the inclusion of their premises in the Orders on the grounds that they were not unfit and in each case they were supplied with a list of the principal grounds on which the Local Authority had based its decision.

Four other Orders, involving 32 houses, were unopposed and these were confirmed without the holding of a public local inquiry.

Individual Unfit Houses

When an individual house or part of a building becomes unfit it has to be dealt with under Sections 16, 17 or 18 of the Housing Act, 1957 and set out below is a summary of action taken in this way:—

(1)	Houses represented as unfit for human habitation	43
(2)	Owner's undertakings accepted:	
	(a) Not to relet for human habitation	Nil
	(b) To make fit for human habitation	2
(3)	Demolition Orders made	15
(4)	Closing Orders made as demolition would affect adjacent buildings	18
(5)	Houses to be acquired by Local Authority	8
(6)	Demolition following making of an Order, or accepting an undertaking	29
(7)	Undertaking to make fit complied with	20
(8)	Houses made fit after the making of Closing Orders	4
(9)	Parts only of building represented as unfit for human habitation	6
(10)	Closing Orders made on parts of buildings	1

Total number of individual dwellings dealt with between September, 1939 and 31st December, 1969. 2,371

As in other years, conditions affecting houses dealt with in this way vary considerably as the following examples illustrate:—

- (a) a two-storey house, with a wing consisting of a kitchen and a bedroom, had to be vacated because this wing was made very unstable by excavations in the yard carried out by the owner occupier. He had dug deep trenches at the side of the wing buildings which caused dangerous settlement of the structure. The house was also affected by both rising and penetrating dampness and the drainage was unsatisfactory.

- (b) a dwelling in which the underground kitchen was dark and had no proper means for the disposal of waste water from the sink. This had to be pumped, by means of a semi-rotary pump, to a gulley in the rear yard, a distance of 28 feet. The ventilation to the kitchen was inadequate and the house itself was in serious disrepair. It suffered from both rising and penetrating dampness.
- (c) a house in disrepair and structurally defective, with inadequate lighting and ventilation to one room. All external walls were affected by penetrating dampness and the livingroom walls by rising dampness. The rear door opened onto a yard which formed part of a slaughterhouse.

Advice to Enquirers

Enquiries requesting information on the possibility of action under the Housing Acts amounted to 23,105.

Housing Improvement and Improvement Grants

HOUSING ACT, 1964

HOUSING ACT, 1969

The Housing Act, 1969 came into operation on the 25th August, 1969, repealing the improvement grant provisions of earlier Acts and making revised provisions with increased grant aid available. At the same time the Act gave wider discretionary powers to local authorities and abolished the three year term of conditions previously applicable on receipt of a grant. The Act took some time to pass through Parliamentary procedure and the knowledge that as a Bill it contained increased grant clauses may have accounted for a drop in applications received especially during the mid-year period. There was a sharp increase in applications, especially from landlords, in the last quarter of the year.

In 1969 the total of grants approved was 1,231 compared with a total of 1,355 in 1968. The total landlord applications increased by 153, and those from owner-occupiers were 86 less than in 1968.

Landlord applications continued to exceed those from owner-occupiers and amounted to 60 per cent. of the total received.

Applications for Improvement Grants during 1969

DISCRETIONARY GRANTS

	<i>Formal applications received during the year</i>	<i>Applications approved during the year</i>			
	<i>Number of dwellings</i>	<i>Number of dwellings</i>	<i>Amount of grant which the Council have decided to pay</i>		
(a) Conversions	14	13	£ 5,230	s. 0	d. 0
(b) Improvements by Landlords by Owner- occupiers	5	5	1,844	0	0
	6	4	1,575	0	0

STANDARD GRANTS

	Applications		Grants Paid								
	Received (No. of dwellings)	Approved (No. of dwellings)	No. of dwellings	Total Amount		Number of amenities provided					
						£	s.	d.	Fixed bath or shower	Wash basins	Hot water supplies	Water closet	Food storage facilities
Improvements by Landlords	762	664	551	80,178	14	1					
Owner-occupiers	553	545	539	74,316	17	6	877	938	980	1,057	549

Nine applications for discretionary grants and 35 applications for standard grants were rejected.

During the year inspectors made 13,128 visits to houses in connection with Improvement Grants compared with 12,995 in 1968. A further 1,900 visits were made in connection with Improvement Area action.

Since the first improvement grant was paid in the City in 1952, £2,165, 613 16s. 0d. has been paid out in 18,478 grants made up as follows:—

Landlords	5,799	£835,661	19	1
Owner-occupiers	12,679	£1,329,951	16	11
		<hr/>		
	18,478	£2,165,613	16	0
		<hr/>		

Approximately nine-tenths of this total (£1,920,810 8s. 7d.) has been paid since the introduction of the standard grant scheme in 1959.

Since the improvement schemes were operated 21,150 applications have been approved made up as follows:—

Owner-occupiers	14,144
Landlords	7,006
	<hr/>
	21,150
	<hr/>

Compulsory Improvements—Tenants' Representations.

A further 276 tenants exercised their rights under the Housing Act, 1964 and wrote to the Corporation during the year asking them to use their powers to secure the provision of bathrooms by their landlords. This is encouraging but the total figure of 1,406 tenants who have written so far since the introduction of the Housing Act, 1964, occupy a small proportion of the number of tenanted properties which are still without bathrooms. The following statistics show the action taken so far in regard to tenants' representations:—

Representations received (from August, 1964)	1,406
Rejected (property has insufficient life)	102
Preliminary notices served	898
Satisfactory undertakings received	45
Immediate improvement notices served	809
Properties for which improvement grant applications have been received	525
Improvement work completed	386

Compulsory Improvements—by Improvement Area Action

Following the procedure laid down in the Housing Act, 1964, two areas were declared bringing the final total of Improvement Areas declared under the above Act to 29 before this type of Area was discontinued by the passing of the Housing Act, 1969. The areas included 401 dwellings, 162 of which lacked amenities. Of the latter, 109 dwellings were tenanted and the persons in control of 101 houses were asked to supply details of ownerships by the service of notices under Section 170 of the Housing Act, 1957.

IMPROVEMENT AREAS DECLARED DURING 1969

<i>Title of Area</i>	<i>Total Houses</i>	<i>Tenanted</i>	<i>Owner Occupied</i>	<i>Others</i>	<i>Lacking Amenities</i>	
					<i>Tenanted</i>	<i>Owner Occupied</i>
Brantley Road No. 28	138	47	88	3	36	17
Membury Road No. 29	263	116	124	23	73	36
	401	163	212	26	109	53

Grand Totals for the 29 Improvement Areas declared between the passing of the Housing Acts, 1964 and 1969.

4,786	1,610	3,078	98	1,098	676
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Qualification Certificates

Part III of the Housing Act, 1969 enables the landlord of a dwelling which is subject to a controlled tenancy under the provisions of the Rent Act, 1968, to apply to the local authority for a certificate that the house satisfies certain conditions. On receipt of this qualification certificate the landlord may apply to the Rent Officer for the tenancy to be converted from rent control to rent regulation and to secure a phased increase of rent.

To obtain a qualification certificate the dwelling must satisfy certain conditions and possess all the standard amenities, be in good repair and fit for habitation.

In the case of dwellings which do not possess all the standard amenities the landlord in making his application must specify the works he proposes to carry out to provide missing amenities and, if the local authority is satisfied that the dwelling will then comply with the conditions, a certificate of provisional approval is issued. If the tenant consents to the improvement and the works are completed satisfactorily, a qualification certificate is finally issued. Almost all of the applications involving works to provide amenities have been combined with applications for standard or improvement grants towards the costs.

In the case of dwellings which would satisfy the conditions but for the presence of minor disrepair, letters are sent to landlords giving them opportunity to carry out such repairs before refusing an application.

These new legal provisions are involving both the inspectorial and the administrative staffs in extra work and documentation, plus of course, much patient and time consuming explanation to landlords, agents, tenants and others. Applications began to be received even before the Act came into force and have increased in numbers and at the end of the year the position was as follows:—

Dwellings already provided with standard amenities

Applications received and under consideration	..	..	..	..	403
Applications refused	..	..	..	..	Nil
Qualification Certificates issued	..	..	..	..	Nil

Dwellings lacking standard amenities where improvement works are proposed

Applications received and under consideration	..	..	..	..	373
Certificates of provisional approval issued	..	..	..	..	90
Certificates of provisional approval refused	..	..	..	..	Nil
Qualification certificates issued	..	..	..	..	Nil

Certificates of Disrepair

A tenant of a house, which is subject to control under the Rent Act, 1968, may apply for a certificate of disrepair if the landlord has either failed to carry out repairs which the tenant considers necessary or has declined to give an undertaking in accordance with the Act. Only 27 applications for certificates were received during the year but many calls were made on the Department for advice or help in the procedure to be followed to secure either the abatement of disrepair or a reduction in rent. In those cases where an inspection revealed the existence of a nuisance arising from disrepair action was also taken under Section 93 of the Public Health Act, 1936.

The following figures indicate the action taken in 1969:—

Part I—Applications for Certificates of Disrepair

1. Number of applications for certificates	..	..	..	..	27
2. Number of decisions not to issue certificates	..	..	..	..	3
3. Number of decisions to issue certificates	..	..	..	..	24
(a) in respect of some but not all defects	..	..	..	..	15
(b) in respect of all defects	..	..	..	..	9
4. Number of undertakings given by landlords under paragraph 5 of the Ninth Schedule	..	..	..	..	22
5. Number of undertakings refused by Local Authority under proviso to paragraph 5 of the Ninth Schedule	..	..	..	..	Nil
6. Number of certificates issued	..	..	..	..	4

Part II—Applications for Cancellation of Certificates

7. Applications by landlords to Local Authority for cancellation of certificates	18
8. Objections by tenants to cancellation	Nil
9. Decisions by Local Authority to cancel in spite of tenant's objections	Nil
10. Certificates cancelled by Local Authority	15
Number of visits made under the Act	216
Number of re-visits made under the Act	248
	<hr/>
Total number of visits	464
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Rent Restriction Acts

Part VI of the Rent Act, 1968 continues the provisions relating to the rents of furnished lettings formerly contained in the Furnished Houses (Rent Control) Act, 1946 and under Section 74 of the 1968 Act the Local Authority have a duty to maintain a Register of rents approved, reduced or increased by the Rent Tribunal. The Chief Public Health and Housing Inspector is Registrar for the City for the purposes of Section 74.

During the year 349 notifications were received from the Rent Tribunal, resulting in 267 entries being made in the Register maintained under the Act; 25 certified copies of registered entries were issued to members of the public on payment of a shilling in each case.

The provisions in Part II of the Rent Act, 1965 which first authorised the setting up of Rent Assessment Committees and the appointment of Rent Officers have also been continued by the Rent Act, 1968. During the year a number of enquiries received in the Department relating to the assessment of a fair rent were referred to the Rent Officer.

Houses in Multiple Occupation

A further 30 applications were received for the registration of houses newly intended to be used in multiple occupation bringing the total received, so far, up to 203. Under the City of Birmingham (Registration of Houses in Multiple Occupation) Scheme, 1965, houses must be registered if they are:—

- (a) Houses in which, on the 1st January, 1966, there were either more than two separate occupancies (including that of a person having

an estate or interest in the whole house) or more than four individual lodgers—this is defined in the Scheme as a ‘1961 Act house’.

or

- (b) Houses in which, after the 1st January, 1966, it is intended there shall be either more than two separate occupancies (including that, if any, of a person having an estate or interest in the whole house) or more than four individual lodgers—this is defined in the Scheme as a ‘1965 Act house’.

The registration of ‘1961 Act houses’ is automatic on application and supplying of the necessary particulars. The registration of ‘1965 Act houses’ is not automatic and may be refused, or conditions attached to the approval.

At the end of the year there were 4,526 houses registered and the following is a summary of action taken during the four years since 1st January, 1966 when the Scheme came into operation.

‘1961 Act houses’ registered	..	..	..	..	..	..	4,461
(i.e. those already occupied so as to be registrable at 1st January, 1966)							
‘1965 Act houses’							
(i.e. those intended to be newly let in multiple occupation)							
(a) Registration approved	..	..	..	..	..	..	65
(b) Registration refused							
(i) House unsuitable	..	..	..	..	..	89	
(ii) Use detrimental to locality	..	..	..	..	..	17	
(iii) Unsuitable person in control	..	..	..	..	..	Nil	106
(c) Applications not proceeded with	..	..	..	..	..	..	32
(d) Applications pending at end of year	..	..	..	..	..	..	Nil
Total of applications							203

Legal action taken under the Scheme during this period involved the following cases:—

Failure to register ‘1961 Act houses’	..	..	..	..	160 cases
					£475 fines
Failure to supply information and the establishing of ‘1965 Act houses’					
in contravention of the Scheme	..	..	..	..	34 cases
					£332 fines
Appeals heard in county court against refusal to register ‘1965 Act houses’					
					1 appeal—allowed

The spread of multiple occupation which created near slum conditions in quite extensive areas of the City continues to be checked and there is no doubt that the firm action taken under planning legislation has played a major part in

this. During the year another 138 premises were referred to the City Engineer, Surveyor and Planning Officer for consideration under the Town and Country Planning Act, 1962, bringing the total so far referred to 855 premises in respect of which the following action has been taken:—

Number of premises in respect of which enforcement action to discontinue was authorised	439
Number of premises where the use in multiple occupation has ceased ..	325
Number of premises in respect of which no planning action was taken (use established or no change of use)	217

In 84 cases the user appealed to the Minister against the enforcement action to discontinue, but 38 were withdrawn. Of the 34 heard so far, 25 appeals were dismissed, seven were allowed and the decision on two is awaited.

Conditions in houses in multiple occupation in certain areas of the City continued to give rise to concern and statutory action was again necessary during the year, details of which follow:—

	<i>No. of premises</i>
Notice under Section 170 of the Housing Act, 1957 to ascertain details of ownership	97
Notice of intention to make a management order	27
Management order made	46
Notice of intention to give a direction to limit occupants	70
Direction given	85
Notice under Section 15 of the Housing Act, 1961 to require facilities ..	65
Notice under Section 90 of the Housing Act, 1957 to abate overcrowding	22
Notice under Section 14 of the Housing Act, 1961 to make good neglect of proper standards of management	97
Notice under Section 19 (9) of the Housing Act, 1961 requiring information re. occupancies	304
Direction varied to permit an increased number of occupants	22

The Housing Act, 1969 included amendments to existing legislation and also defined multiple occupation as referring to a house which is occupied by persons who do not form a single household. In applying this definition, each case must be judged on its merits and due regard paid to any relationship between the occupiers and as to whether they live and cater together or as separate units. The overriding factor, however, in deciding whether to invoke the use of legislation, must still remain the need or otherwise to improve conditions or prevent deterioration. It should be noted that the definition does not affect the

provisions of planning legislation and already the Minister has supported action to require cessation of use where a very small house was being shared by six unrelated persons. deeming it to be multiple paying occupation.

Multiple occupation has existed in the City for many years before the present problem became acute, and some 10 years ago the worst areas affected were the Wards of (Balsall Heath) Deritend and Edgbaston, and after that Sparkbrook.

With the flood of immigration to the West Midlands the problem spread and the Wards of Moseley, Handsworth, Soho and Sandwell became increasingly affected. With the limitation of the availability of staff and other resources, it was a case of dealing with the worst first and this included 'Balsall Heath' and Sparkbrook. Much progress was made and ultimately redevelopment caught up with the 'Balsall Heath' area which should wipe out some of the worst of multiple occupied houses. An intensive drive and publicity later produced an improvement in the worst areas of Sparkbrook. As more staff became available and following the appointment of technical assistants our efforts became more widespread and increasing action was taken in the areas of Moseley and Kings Heath and in the Handsworth, Soho and Sandwell areas. With the assistance of planning action much improvement resulted in the Moseley area. The Handsworth, Soho, Sandwell areas had been increasingly difficult to control and whereas eight or nine years ago the type of occupation was mostly two family houses, there has been intensification of this occupation and registrable multiple occupation in these three wards represents about a quarter of the city register. The problem has not been helped by the proximity to those areas of the neighbouring West Midlands authorities with whom there has been interchange or overflow of immigrant occupation. To combat this, opportunity was taken on the re-organisation of the district and divisional boundaries to move the experienced district inspector from Sparkbrook area to the Handsworth area and he has been provided with additional staff and progress is now being made. He and his staff are very well aware of the problem and regular routine surveys of streets and houses likely to be affected are carried on and control action taken including reference for planning action as necessary. In the last few years over 100 such houses have been referred for planning action in this area of the City and already more than half have ceased to be so used.

To summarise the action taken by this Department since the coming into operation of the Housing Act, 1961, until the end of 1969, the following details are given:—

	<i>No. of premises</i>
Direction given to limit occupants	2,296
Management orders made applying management regulations	1,164
Notices served requiring provision of facilities under Section 15 of the Housing Act, 1961	1,723
Control orders made and houses taken over in order to protect occupants under Section 73 of the Housing Act, 1964	4
Legal proceedings in respect of failure to maintain proper standard of management, to abate nuisances and overcrowding, to provide information and rent books, and offences against direction limits; Number of cases	2,993
Penalties imposed:	
Fines	£20,131
Imprisonment	1 case 2 months
Work carried out by Department at default or request to comply with notices served under the Public Health and Housing Acts	
Jobs completed	1,274
Cost of works	£91,613

Abatement of Nuisances

The nuisance sections of the Public Health Act, 1936 as extended by the Public Health (Recurring Nuisances) Act, 1969 enable the Local Authority to deal with a host of complaints relating to property, land and the environment as a whole. A person who feels concerned about conditions may make a complaint to the Department and every complaint is investigated from whatever source. The majority of such complaints relate to the defective condition of houses affecting the living conditions of people in or about the premises.

A person on whom an abatement notice is served may carry out the work, request the Corporation to do so on his behalf, or may await the service of a summons so that the matter may be heard before a Magistrate in a Court of Summary Jurisdiction. Most notices are complied with within a reasonable time.

During the year a total of 3,200 statutory notices was served, 1,775 of these being under the Public Health Act, 1936, (Section 93).

The total of 3,200 statutory notices was made up as follows:—

Nuisances under Section 93 of the Public Health Act, 1936—dealing mainly with roofs, spoutings, fallen plaster, defective floorboards, broken sashcords and window frames	1,775
Stopped up drains, soil pipes, water closets and private sewers, dealt with under the Birmingham Corporation Act, 1946, as amended by the 1954 Act	628
Urgent nuisances, badly leaking roofs, broken waterclosets, pedestals, etc., dealt with under Section 26 of the Public Health Act, 1961	395
Provision or improvement of piped water supply—Section 138, Public Health Act, 1936, as amended by Section 30, Water Act, 1945	130
Yard paving and drainage—Section 56, Public Health Act, 1936	30
Unsatisfactory drainage—Section 39, Public Health Act, 1936	238
Filthy or verminous premises—Section 83, Public Health Act, 1936	1
Removal of noxious matter, Section 79, Public Health Act 1936	3
Byelaw infringements—nuisances	—
Replacement of earth closets, etc.,—Section 47, Public Health Act, 1936	—
Additional water closets—Section 44, Public Health Act, 1936	—
Provision of water closets—Section 39, Birmingham Corporation Act, 1935	—
	<hr/>
	3,200
	<hr/>

Urgent Nuisances

The powers contained in Section 59 of the Birmingham Corporation Act, 1946, continue to be used to require the clearing of obstructed drains, waste pipes and water closets. The powers are similar to those in Section 22 of the Public Health Act, 1961, but work can be carried out at default of an owner after 24 hours' notice compared with 48 hours required by the 1961 Act.

Action was taken as follows:—

Birmingham Corporation Act, 1946—Section 59.

(Defective drains requiring urgent attention)

Total number of notices served during 1969 (involving 517 jobs) ..	628
Work carried out by owners in specified time	269
Orders given by this Department in default of owners' compliance ..	206
Orders given by this Department at request of owners	42
Payment to the Department's contractors	£2,008 11 4
Average cost per job	£8 3 3
The maximum charge in respect of any job was	£187 13 6
and the minimum was	12 6

During the year notices were served in respect of obstruction in 28 private sewers affecting 219 houses.

For many years action to remedy urgent nuisances has been taken under Section 32 of the Birmingham Corporation Act, 1948. Almost identical power is now given in the Public Health Act, 1961, and from the 17th July, 1964, notices were served under Section 26 of the National Act.

Public Health Act, 1961—Section 26

(Defective houses requiring urgent attention)

Total number of notices served during 1969 (involving 383 jobs)	..	395
Work carried out by owners in specified time	.. .. .	243
Orders given by this Department in default of owners' compliance	..	119
Orders given by this Department at request of owners	.. ..	21
Payments to the Department's contractors	.. .. .	£2707 17. 1
Average cost per job	.. .. .	£19 6 10
The maximum charge in respect of any one job was	.. .. .	£214 16 0
and the minimum was	.. .. .	12 6

Enforcement Section

The legal enforcement of the Department's Statutory duties and obligations in carrying out the requirements of the various Acts of Parliament, Regulations, Bye-laws and Orders delegated to the Health Committee by the Birmingham City Council and arranging execution of all works necessary to comply with the requirements of the various Statutory Notices served under these Acts of Parliament at the default and by agreement with the owners and occupiers are carried out by this Section.

Legal proceedings were instituted during the year in 600 instances and the details of summonses issued under the various Acts of Parliament, Regulations and Bye-Laws and Orders are indicated in the following analysis:—

Summonses taken out during 1969.						<i>Fines</i>
						£
<i>Public Health Act, 1936</i>						
*General nuisances	..	..	..	..	201	—
<i>City Bye-laws</i>						
Dogs fouling footway					1	5
<i>Shops Act, 1950</i>						
Section 2: General closing hours	..	..	..		4	35
Section 47: Sunday trading (Closing of shops on Sunday)	..	..	..	..	4	—

Food and Drugs Act, 1955

Section 2: Food not of nature demanded ..	6	120
Section 8: Food unfit for human consumption ..	5	85

Milk and Dairies (General) Regulations, 1959

Reg. 27(1): Dirty milk bottle	8	100
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Noise Abatement Act, 1960

Section 2(3): Ice cream chimes	17	15
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Housing Act, 1957

Section 90: Overcrowding of houses let in multiple occupation	1	10
Section 170: Requiring information as to ownership of premises	15	5

Housing Act, 1961

Section 19(2): Direction to prevent or reduce overcrowding of houses let in multiple occupation.	45	440
Section 19(9): Statement requiring number of lets to families and individuals in houses let in multiple occupation ..	15	50

Housing Acts, 1961 and 1964, Birmingham Corporation Act, 1965 and Scheme

Section 22: Registration of houses let in multiple occupation:—		
“1961 Act Houses”	31	60
“1965 Act Houses”	21	180

Housing (Management of Houses let in Multiple Occupation) Regulations, 1962

Failure to maintain good standard of Management	53	240
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Landlord and Tenant Act, 1962

Sections 1 & 4	5	25
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Housing Act, 1964

Section 65(1): Failure to execute works under Section 14 of the Housing Act, 1961. ..	13	50
Failure to execute works under Section 15 of the Housing Act, 1961. ..	11	95

<i>Offices, Shops and Railway Premises Act, 1963</i>	4	30
<i>Food Hygiene (General) Regulations, 1960</i>	113	1,359
<i>Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations, 1966</i>	16	44

Clean Air Act, 1956

Section 1: Prohibition of dark smoke from chimneys	4	80
Section 11: Emission of smoke in smoke control areas	2	17
Section 16: Smoke nuisances	1	—

Consumer Protection Act, 1961

Oil Heater Regulations, 1962 and 1966

Sale of unsafe oil heater which failed to comply with the above Regulations	1	30
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Rent Act, 1968

Section 72: Failure to supply information to Rent Tribunal regarding furnished accommodation	1	10
Section 76: Charging rent in excess of rent registered by Rent Tribunal	1	10

Refreshment Houses Act, 1967

Keeping open during prohibited hours	1	30
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£3,125

*The Magistrates made nuisance orders in 32 cases. In the others the work was completed by the time of the Court hearings.

The institution of legal proceedings undertaken by this section of the Department in liaison with the Town Clerk's Department is a most important function.

The Enforcement Officer is present at the proceedings at Victoria Law Courts to advise and assist the Corporation's prosecuting solicitor. This is an exacting necessity as a majority of defendants now appear or are legally represented at Court and there is keen contest at each individual case. During the year 1969 the number of cases dismissed or lost by the Department were very few indeed and the many successful cases taken reflect great credit on the Corporation's various officials concerned.

Building works and repairs to houses and properties arranged during the year have covered all aspects of general building works and have varied from general property repairs, provision of new water supplies, drainage and paving works and the provision of bathrooms required by outbuilding construction or conversion and bedroom conversion.

The total cost of works carried out during the year was £5,794 6s. 1d.

The following analysis indicates the work undertaken by this section during 1969:—

	Jobs	Houses	Cost		
			£	s.	d.
<i>Section 93 Public Health Act, 1936</i>					
<i>General Nuisances – repairs to defective houses.</i>					
At default of owners – for non-compliance with nuisance orders	7	7	471	1	3
By agreement	28	32	1,277	13	1
<i>Section 56 Public Health Act, 1936</i>					
<i>Paving of courts, yards and passages.</i>					
At default of owners	1	14	552	0	0
<i>Section 39 Public Health Act, 1936</i>					
<i>Provision of satisfactory drainage</i>					
At default of owners	24	61	359	5	8
By agreement	8	21	189	1	7
<i>Section 138 Public Health Act, 1936</i>					
<i>(as amended by Section 30 Water Act, 1945, and Section 78 Public Health Act, 1961).</i>					
<i>Houses already having internal water supply but where supply was insufficient – improvement effected.</i>					
At default of owners	8	40	497	1	11
By agreement	6	21	685	1	5
<i>Section 26 Public Health Act, 1961</i>					
<i>Repairs to houses to abate urgent nuisances</i>					
By agreement	2	2	115	1	8
<i>Section 14 Housing Act, 1961</i>					
<i>Works required to make good neglect of proper standards of management of houses in multiple occupation.</i>					
At default	1	1	68	10	10
By agreement	2	2	62	10	8

					Jobs	Houses	Cost		
							£	s.	d.
Section 19 Housing Act, 1964									
Provision of bathrooms, water closets, together with other amenities by outbuilding and bedroom conversion									
At default	..	..	..	..	2	2	885	0	0
By agreement	..	..	..	..	1	1	473	0	0
Section 4 Prevention of Damage by Pests Act, 1949									
Works carried out to prevent rodent infestation									
At default	..	..	..	..	2	4	156	12	0
Section 83 Public Health Act, 1936									
Cleansing of filthy or verminous premises									
At default	..	..	..	..	1	1	Work executed by Department		
Section 59 Birmingham Corporation Act, 1946									
Removal of obstructions from drains									
At default	..	..	..	..	1	1	2	6	0

Common Lodging Houses

The Department maintains a register of all common lodging houses in the City as required by the provision of Section 237 of the Public Health Act, 1936. This record provides detailed information as to the full names and addresses of all persons registered as “keepers” and “deputy keepers” together with the addresses of all such lodging houses. The permitted number of persons which each may accommodate is also specified in the register.

The number of premises registered for the year remained at four, providing total accommodation for 344 men only. This represents a slight reduction of 17 beds when compared with the previous year, and is due to the re-arrangement of bedroom accommodation for staff purposes.

Routine inspections are carried out both by day and by night to ensure that no infringements of the Public Health Act, 1936 or the Bye-laws made thereunder occur. During the course of the year, public health inspectors made a total of 113 visits, details of which are as follows:—

Day visits	..	..	..	..	..	..	32
Night visits	..	..	..	..	..	..	61
Special visits	..	..	..	..	..	..	20
TOTAL							113

The above inspections revealed that there still remains a positive demand for this type of accommodation within the City and in most cases the hostels were fully occupied.

Satisfactory progress is being maintained in the building of a new men's hostel for the Salvation Army in the City Centre and reference was made to this in last year's Report. It is hoped that this new hostel will be completed in the latter part of 1970, providing an additional 187 beds.

Tips and Tipping

A total of 812 visits was made to established tips during the year in order to see that the City Bye-laws on tipping were being observed. Trouble was experienced at one large tip operated privately in the north east of the City when stormwater accumulated into which waste materials were tipped and complaints of smells were received from nearby residents. The operators co-operated by installing pumps, but mechanical breakdowns have been frequent and the trouble has not been fully resolved. At another privately operated tip latent chemical reaction between earlier deposited materials caused fumes which gave rise to complaint. The operators made promises which were not fulfilled and it was necessary to threaten legal action and closure of what was a profitable tip site. Drag line excavators were eventually brought in and some of the offending materials dug out of the earlier workings and the troubles eventually eased.

At two tips operated by the Salvage Department complaints arose; in one case from casual water and smells: in the other from smells following tipping in proximity to a newly developed housing estate. A revised programme of tipping was arranged which resolved the troubles.

The bulk of complaints concerning tipping, however, continued to be in respect of the depositing of rubbish and discarded articles on vacant sites and streets in the City and many complaints were concerning abandoned vehicles. Part III of the Civic Amenities Act 1967, which gives a local authority special powers to deal with this, is delegated to the Public Works Committee in respect of refuse, including vehicles, deposited on the highway or public car parks, and to the Salvage Committee, in respect of refuse, including abandoned motor vehicles deposited on land elsewhere.

Where it was not possible to deal with the depositors of the refuse or the owners of the site the complaints were referred to the appropriate Department and it is once more pleasant to record the ready co-operation and speed with which the staff of the Salvage Department and the Public Works Department dealt with the complaints and removed the rubbish.

Canal Boats

During the year, the number of boats inspected within the City area was 46 and the number of inspections each quarter was as follows:—

<i>1st Quarter</i>	<i>2nd Quarter</i>	<i>3rd Quarter</i>	<i>4th Quarter</i>
10	14	16	6

The 46 boats inspected were registered for the accommodation of 136 persons and when inspected were found to be carrying 27 men, 30 women and 13 children, a total of 70 persons.

All the boats were in good condition and conforming with the Act and Regulations. No complaint notes were issued during the year. It has not been necessary to take legal proceedings under the Public Health Act, 1936 and the Canal Boat (Amendment) Regulations, 1925.

No cases of infectious disease affecting canal boat personnel were reported during 1969.

The total number of boats now registered in Birmingham is 104, 61 being motor boats and 43 ordinary boats.

Prevention of Damage by Pests Act, 1949

The Act places an obligation on the occupiers of land—the definition land including premises—to notify the Local Authority of the presence of rats and mice in or on their properties. Notifications of infestations arising in all types of premises and land were received by the Department during the year and totalled 13,231. Many of these complaints are of “rats in the garden” or rats crossing the garden and a prime cause of these infestations is the practice that so many people carry out of feeding the birds. On the investigations of such complaints it is commonly found that the rats are nesting under a shed in one garden and crossing to the adjoining gardens where the occupiers are feeding the birds. In these instances the occupiers are always requested to discontinue the practice.

On the newer post war housing developments a common cause of infestation is found to be defective drainage systems, due to so many drainage contractors omitting to place earthenware stoppers on the rodding eyes provided to drains. Inspectors of the general public health inspectorate are on the look-out for signs of infestation by rats and mice during the course of routine visits and are specially mindful of these rodents when visiting houses, offices, shops, factories

and in particular food premises. They bring to the notice of the rodent control staff premises in need of treatment. During the year 5,919 visits were made by public health inspectors for the purpose of rodent control, which included visits to secure proofing against re-infestation.

With the acceleration of the house building programme there has been unprecedented activity in connection with slum clearance. Thousands of houses are being vacated ahead of clearance requirements in order that the tenants may be better housed and by doing this problems have been created for those who have to remain in the area. Vandals descend on the district, interfere with drainage systems, smash w.c. pedestals and expose drains and sewers to infestation by rats. The matter is further complicated by the indiscriminate depositing of rubbish, much of which contains waste food, on land which has been cleared of houses. Little wonder that rats are attracted to and take shelter in such areas. Public health inspectors and rodent control staff have devoted much of their time and energy in attempts to control these conditions which are largely attributable to the conduct of a thoughtless and irresponsible section of the public. The co-operation of the Police, Housing Management Department, Public Works Department and the Salvage Department has been sought and is readily forthcoming, but this is a continuous process.

The complaints received in the Department resulted in the inspection of 16,687 properties.

Comparative figures for previous years are as follows:—

	1966	1967	1968	1969
Notifications	10,280	9,542	9,426	13,231
Inspections				
(visits and re-visits)	17,254	13,893	11,100	16,687

As a result of these inspections, treatments were found to be necessary in 9,814 cases (6,646 rats 3,168 mice).

All purely domestic property is treated for infestation entirely free of cost to the occupiers whilst in the case of industrial property of all types a charge has to be made. The regular inspection and treatment of industrial properties has worked quite well, as in previous years, the system being much appreciated by the firms who participate in the scheme.

Formal action as defined in Section 4 of the Act had to be carried out in 18 instances during the year.

Some difficulties in the treatment of infested premises has been encountered mainly in the multi-let type of property. Each room is virtually a separate let, the occupants in many instances being out at work and keeping their particular rooms locked; it is thus a practical impossibility to carry out an efficient treatment in this type of property.

In other instances tenants have refused any treatment of their property due to the fear that their children or domestic pets will be harmed by the poison, and many occupants encourage rat infestation by the amount of refuse they keep on their premises, both in the gardens and cellars.

SALVAGE DEPARTMENT DESTRUCTORS

The Salvage Department has six refuse disposal works in the City and they are called on to deal with in the region of 320,000 tons of refuse of all types per annum. Due to the nature of work carried out all of the premises are liable to become heavily infested with rats. Continuous action over the years has considerably reduced the rat populations in all the works and at the moment the infestations are mainly confined to particular portions of the works, such as the firing decks in the older works, storage hoppers, etc. Inspection of the works is continuous with particular attention being paid to the works at Montague Street, Brookvale Road and Tyseley. Various anti-coagulant poisons have been used in one of these works and permanent baiting points in many places have succeeded in reducing the population of rats to a minimum. This continual poisoning will have to be carried out until final demolition of the whole works which should take place in 1971.

The Research Laboratory of the Ministry of Agriculture, Fisheries & Food was assisted in their research with supplies of live rats on four occasions during the year. In each instance cage traps were used in the hoppers at one of these works.

SEWER TREATMENTS

The sewers of parts of Handsworth, Hockley, Aston, Newtown, Nechells, City Centre, Alum Rock, Small Heath, Bordesley, Moseley and Highgate were poisoned during the year. The manholes on the sewers totalled approximately 2,900 and the work was undertaken by a contractor using a direct poison. It is not possible to assess the efficacy of this sewer poisoning due to the fact that the contract price does not allow for an examination of the poison takes at the various manholes which were poisoned.

Pigeon Control

Like so many more cities and towns Birmingham has a pigeon problem, particularly in the City Centre and in some of the suburban areas. They are attracted to areas by the many citizens who put masses of food down for the birds each day; in fact, numbers of people seem to spend their time doing nothing else but feed the pigeons at various sites and in many instances the pigeons follow the regular feeders from one site to another. The facilities for pigeons to nest and breed are great and include such places and buildings as Victorian type school towers, churches, derelict buildings of all types, disused attics of shops and the roof spaces of houses.

A trapping campaign was carried out in the City Centre during the summer and this produced a catch of 1,209 pigeons from 17 sites over a period of two months, the work being carried out by a contractor.

A hospital was put in touch with another contractor who recovered 197 pigeons from the roof space of a surgical ward and over 80 eggs, whilst the roof space of a house yielded over 30 pigeons and 17 eggs; a roof space of a school yielded 339 pigeons and 84 eggs. In all these instances the birds were taken at night from their roosts.

A narcotic (alphachloralose) is used to control the pigeon population. The work is very strictly controlled by the Ministry of Agriculture, Fisheries and Food and has to be commenced about dawn, usually on Sundays.

The Rag Flock and Other Filling Materials Act, 1951

During the year one firm registered under Section 2 of the Act closed, thus reducing the number of registrable premises to 21 in 1969. The number of premises licensed for the storage of rag flock under Sections 6 and 7 remains at three in 1969.

Twelve informal samples were taken in 1969, of which one proved unsatisfactory.

Rag flock	..	..	2	Algerian fibre	..	..	2
Coir fibre	..	..	1	Cotton felt	..	..	3
Cotton Millpuff	..	..	1	Woollen Mixture felt	..	..	2
Feather and down	..	..	1				

The single informal sample which proved unsatisfactory was of cotton felt, in which the trash content was 11·2 per cent compared with the maximum of 7·5 per cent permitted by the Regulations. The firm concerned were newcomers to the trade and after advice on storage had been given by a public health inspector two subsequent samples taken were found to be satisfactory.

Supervision of Offices, Shops and Railway Premises

SHOPS ACT, 1950

Throughout the year, four whole-time Shops Act Inspectors were employed to carry out general routine inspections and the various other duties relating to the retail distributive trade as prescribed by the provisions of the Shops Act, 1950 and the Offices, Shops and Railway Premises Act, 1963.

These duties briefly include the general inspection of all retail and wholesale premises and the checking of conditions of employment together with staff accommodation. They also comprise the enforcement of early closing day and night closing provisions and the law in relation to Sunday Trading.

The work of the Shops Act Inspectors for the year is summarised as follows:

GENERAL INSPECTIONS

Visits—Shops Act, 1950 (including Sunday and night visits)	..	..	21,694
Visits—Offices, Shops and Railway Premises Act, 1963	..	..	7,200
			28,894
			28,894

The number of general inspections carried out under both enactments show a marked increase over the respective totals for the previous year, i.e. 17,976 and 6,524.

STREETS PATROLLED, SHOPS ACT, 1950

Half-day, night closing and Sunday trading	9,402
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OFFENCES REPORTED FOR ACTION, SHOPS ACT, 1950

Half-day closing:								
Sales after closing time	26
Night closing:								
Sales after closing time	..	..	..	..	..	..	..	13
Sunday trading:								
Illegal sales	..	..	..	..	..	..	..	8
Warning letters issued in respect of the above-mentioned offences							..	41
Summonses issued	..	..	..	..	..	..	..	7

Seven summonses were issued in respect of contraventions of the Shops Act, 1950 and two summonses were issued in respect of the Offices, Shops and Railway Premises Act 1963 which resulted in fines totalling £65 being imposed by the magistrates. These latter two cases are in addition to those prosecutions initiated by public health inspectors in relation to office premises.

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

This narrative report covers the fifth complete year's working under the Act and supporting Regulations. The total number of premises registered at the end of the year was 13,775 representing a decrease of 413 when compared with the total of 14,188 for 1968. This small decrease is due to the marked increase in the number of cancellations recorded during the year, which amounted to 1,146 and after accounting for 733 new registrations.

The number of inspectors appointed under Section 52 of the Act increased by one to a total of 80. This was due to the final qualification of six pupil public health inspectors and after allowing for five resignations of qualified staff during the year. It must be again borne in mind that the above labour force is not employed solely in the enforcement of the Act and Regulations made thereunder. Such work, in fact, forms only a small part of the statutory and ancillary duties undertaken by the inspectorate.

Reference was made in last year's report that all registered premises within the City had received their first general inspection. Considerable progress has been achieved during the year under review in that a further 5,533 general inspections have been completed. This means that the Department is well advanced in its programme of "second" general inspections throughout the City and in some districts, premises have been the subject of a "third" general inspection.

The following statistics show the number and class of premises registered together with the number of general inspections carried out during the year:—

<i>Class of premises</i>	<i>Number of premises newly registered during the year</i>	<i>Total number of registered premises at end of year</i>	<i>Number of registered premises receiving one or more general inspections during the year</i>
Offices	365	4,627	1,833
Retail Shops	257	7,612	3,204
Wholesale shops, warehouses ..	38	644	101
Catering establishments open to the public, canteens	73	875	393
Fuel storage depots	—	17	2
TOTALS	733	13,775	5,533

The total number of visits of all kinds made by inspectors to registered premises amounted to 11,691 for the year, which is a substantial increase of 1,746 when compared with the figure of 9,945 for 1968. These visits resulted in the service of 322 preliminary notices dealing with the main requirements of the Act. At the same time, the works specified on 357 preliminary notices were completed to the satisfaction of the Department.

Information was received on 350 “notifiable” accidents which is almost identical to the figure of 358 for the previous year. Information was also received on a further 54 accidents which were not notifiable having occurred outside registered premises. It was considered necessary to investigate 74 cases and it is encouraging to note that there was a considerable decrease in the number of accidents occurring on catering premises, which were only one thlrđ of those reported for 1968.

It is hoped that this marked reduction, in some measure, results from the holding of One-day Safety Training Courses for the Catering Industry, held at the Industrial Safety Training Centre for the Royal Society for the Prevention of Accidents in Birmingham. Reference to the syllabus was made in last year’s report and two more courses were held in January and October respectively. As on previous occasions, the panel of speakers included the Deputy Chief Public Health and Housing Inspector, Birmingham, together with a representative from H.M. Inspectorate of Factories. Arrangements have been finalised for further courses to be held in February and October, 1970.

The new Hoists and Lifts Regulations came into operation on 28th May, 1969. Prior to this date two one-day courses for public health inspectors were held at the Industrial Safety Training Centre of the Royal Society for the Prevention of Accidents, at Acocks Green, Birmingham. The syllabus included the construction and maintenance of lifts and hoists, safety devices and legal requirements. These courses proved most beneficial in introducing inspectors to their additional duties.

The Department has received 110 adverse reports from “competent persons” and as required under paragraph 6(3) of the Regulations, up to the end of the year. These reports followed the examination of the following types of lift, viz:—

A.	Passenger	..	..	33
B.	Service	..	..	51
C.	Combined	..	..	26
				<hr/>
TOTAL:				110
				<hr/>

The registered premises concerned were immediately visited following receipt of the report, and in many cases premises have been the subject of several follow-up visits.

At the end of the year, the necessary repairs renewals or alterations to 37 lifts had been satisfactorily completed. The balance of 73 remained outstanding but it was established in the majority of these cases, that occupiers had placed official orders with lift engineering companies for the necessary repairs to be carried out.

It would appear that such companies are at present under pressure in complying with outstanding repairs and are also experiencing some difficulty in obtaining certain spare parts.

It is hoped that these difficulties will be resolved during 1970 particularly as these lifts will be due for their second statutory examination in the near future.

Infectious Diseases

Visits made by public health inspectors in connection with enquiries into cases of food poisoning and certain infectious diseases totalled 6,097 for the year; this figure includes those visits made to obtain specimens for bacteriological examination.

A further 4,525 visits were made to the homes of newly arrived long-stay immigrants, bringing the total number of visits for the year up to 10,622. These visits to immigrants were made in pursuance of the scheme brought into operation in 1965 at the request of the Ministry of Health. Under the scheme, newly arrived immigrants are visited by a public health inspector as soon as possible after arrival in the City and are advised to register with a general practitioner and, if over fourteen years of age, to have a chest X-ray at the Chest Radiology Centre. This duty takes up an increasing amount of the time of both the inspectorial and administrative staff but the operation is considered worthwhile if it helps to reduce the incidence of tuberculosis amongst immigrants. The difficulties mentioned in previous reports have again been encountered in that a number of the Birmingham addresses given by the immigrants as they pass through the ports of entry have been found not to exist or, in cases where they do exist, the occupants claim no knowledge of the immigrants concerned. In other cases the immigrant has stayed at the Birmingham address for only one or two nights and then, before the inspector can visit, has moved on to some unknown address in the City or even to another town.

At the end of each quarter a statistical return has to be submitted to the Department of Health and Social Security giving the number of advice notes received from the ports and the number of successful visits made; during the year advice notes were received in respect of 3,663 long-stay immigrants and 2,797 successful visits were made. These figures indicate that the work of tracing and advising immigrants has doubled in volume since the introduction of the scheme in 1965.

Disinfestation and Disinfection

The Disinfecting and Cleansing Station is situated fairly centrally at Bacchus Road. The station operates under the supervision of a Depot Superintendent who reports daily to the Chief Public Health and Housing Inspector. All complaints of infestation received by the Department from the occupiers of domestic and business premises are promptly investigated by the public health inspectors. Such complaints refer to infestations by bugs, fleas, flies, cockroaches, blackbeetles, crickets, ants, etc., and following investigation, the necessary arrangements for treatment are made with the Depot Superintendent.

During the year, 1,431 houses received such treatment as compared with 1,232 in 1968, representing an increase of 199 treatments. In addition to this work, many treatments have been carried out in business premises, including hospitals, licensed houses and restaurants, public baths, factories and schools. Steam flies and cockroaches proved to be the main source of infestations occurring in food preparation premises and kitchens.

The number of separate treatments involved amounted to 196 for the year, which is a slight decrease of 10 when compared with the previous year.

Charges are not made for treatments to domestic premises but appropriate accounts were submitted in other cases, based solely on the cost of labour and materials used.

SERVICES TO THE TUBERCULOUS

Seven houses were disinfected following the removal of patients to chest hospitals or into new housing accommodation. Five houses were treated in 1968.

The delivery and collection of complete bedding units for tuberculous patients is also undertaken by the depot staff. This service resulted in the delivery of 14 units and the collection of a further 11 units for disinfection prior to re-issue.

DISINFECTION

The Department continued to assist certain aged persons who were incapable of maintaining a reasonable standard of cleanliness in their homes. This service is given free of charge and 35 houses were cleansed, including the removal of rubbish. In addition, 57 beds together with bedding, were removed for destruction.

The steam disinfection plant was again kept in constant use mainly for the disinfection of large quantities of bedding, blankets and clothing. One complete operation of a steam disinfector is referred to as a "stove" and the above work amounted to 1,250 complete stoves for the year. Charges were rendered to appropriate authorities where applicable.

CLINIC TREATMENTS

Bathing facilities for the cleansing of scabies cases and verminous persons are available centrally at the Cleansing Station. The clinic remains open until 1715 hours during the week, except Saturday, when it closes at 1200 hours. No treatments are provided on Sunday.

Details of those carried out in the year are as follows:—

Bacchus Road Clinic (men)

				<i>Scabies</i>	<i>Body Lice</i>	<i>Pubic Lice</i>	<i>Head Lice</i>
Men	..	..	..	1,547	213	112	5
Boys	..	..	..	201	—	—	—
Second treatments			..	5	—	—	—
TOTAL	..	..	..	1,753	213	112	5

Bacchus Road Clinic (women)

				<i>Scabies</i>	<i>Body Lice</i>	<i>Pubic Lice</i>	<i>Head Lice</i>
Women	..	..	..	1,250	12	27	25
Girls	..	..	..	1,239	—	—	25
Boys	..	..	..	867	—	—	25
Second treatments			..	9	—	—	—
Third treatments			..	1	—	—	—
TOTAL	..	..	..	3,366	12	27	75

Children referred to in the above figures were treated at the same time as their mothers.

BATHING OF THE AGED AND INFIRM

The facilities provided for the bathing of the aged and infirm were once again extensively used. These aged folk were collected from and returned to their homes in Corporation transport under the care of a health visitor. During the year 913 baths were provided for women and 479 for men, making a total of 1,392. These figures indicate the invaluable assistance this service renders to the aged.

Late Night Refreshment Houses

Under the Late Night Refreshment Houses Act, 1969 a licence is required in respect of any premises other than those licensed for the sale of intoxicating liquor, etc., which are kept open for public refreshment, resort and entertainment at any time between the hours of "10.00 of the clock at night and 5.00 of the clock of the following morning". Local authorities may impose conditions on the grant or renewal of a licence for a refreshment house prohibiting the opening or keeping open of a refreshment house between "11.00 of the clock at night and 5.00 of the clock in the morning", if it is considered desirable to do so in order to avoid unreasonable disturbance to residents of the neighbourhood.

Licences are granted annually and fall due for renewal on the first of April. On receipt of an application the advice of the Chief Constable is sought and this Department's records of complaints are examined and subsequently a recommendation is submitted to the Health Committee by the Chief Public Health and Housing Inspector.

Out of a total of 112 licences issued during the year it was found necessary to impose conditions in 28 instances and of these 20 refreshment houses were required to close at 11.00 p.m., seven were required to close at midnight and one refreshment house was required to close at 1.00 a.m.

The proprietors of two refreshment houses appealed to the courts against conditions imposed. In one case evidence was submitted by residents, police and public health inspectors of disturbances caused by users of the cafe, which was not well managed. In the other case, because of no waiting restrictions, it was only possible to park vehicles in residential roads some 200 yards away and it was submitted that late at night the parking and use of vehicles by customers of the cafe would disturb residents. In both cases the stipendiary magistrate upheld the Department's views and dismissed the appeals.

SEWERAGE AND DRAINAGE

Mr. Neville Borg, City Engineer, Surveyor and Planning Officer, has kindly provided the following information upon the investigations and sewerage works undertaken during the year by the Public Works Department.

River Works and Prevention of Surface Water Pollution

No major river works have been done during the last year but improvement to the Hatchford Brook on the city boundary adjacent to the Elmdon Municipal Golf Course has been completed which will relieve flooding of private land and improve the amenities of the Golf Course. In addition work is proceeding on the deepening and culverting of Westley Brook between Wagon Lane and Clay Lane which will relieve the flooding of Government property in Clay Lane.

The Public Works Committee have recently approved riverside walkway schemes adjacent to the River Rea, Bournbrook and Chad Brook. These are long term projects which, with the co-operation of the Parks Department, will provide a very desirable amenity for the local inhabitants and will also ensure that the streams are maintained to a higher standard.

A further lake in the form of a balancing pool on the River Cole at Fordbridge Road has been constructed. This lake lies outside the City but is adjacent to Kingshurst Hall Municipal Housing Estate and is of sufficient size to allow boating and sailing to be enjoyed on it. Its main objective, however, is to reduce the risk of flooding on the River Cole downstream of Cooks Lane where it flows through the Chelmsley Wood Estate. The City Architect's Department is engaged on preparing a landscaping scheme for the considerable area of open space adjoining this water feature. This work is being done on behalf of Meriden Rural District Council.

A close watch has been kept on the biological and chemical state of the rivers in the City and it appears that there has been a slight improvement on most of the length of the River Rea but there has been no significant change for the better on the River Cole and Bourn Brook. During 1969 a further nine consents to discharge industrial flows to surface water sewers were issued and in the same time 44 connections carrying polluted flows were eliminated from the surface water system. During the same period 895 samples were taken and analysed for control of surface water pollution.

Main Drainage

The continued redevelopment of large areas of the City has permitted reconstruction of old valley sewers mentioned in the report for 1968.

Reconstruction of the Bourn Brook Valley Sewer, which serves the area containing the proposed housing development at Woodgate and on the site of Harborne Reservoir, is well-advanced. The incorporation of a retention tank, the first of its kind in the City, in this scheme will noticeably reduce pollution during storm time of the adjacent Bourn Brook. The Yardley to Tyburn Sewer mentioned in the previous report is now virtually complete and when the flow is diverted down it the Yardley Sewage Works can be abandoned, thus eliminating another source of river pollution.

Trade Effluent

The control of trade effluent from industrial premises to the public foul water sewers has shown steady progress during 1969. During the last year 52 new consents and one prescriptive right were issued and in that same period, after allowing for firms which have ceased to discharge trade effluent, the number of firms under control in the City stands at 812 and during 1969, 13,705 samples of trade effluent were taken from these firms, analysed and the results used to control the quality of the effluent and to evaluate the half-yearly charge. During the same period seven sets of legal samples were taken and five prosecutions for infringement of trade effluent consents mounted, all of which were successful. The overall appraisal of the samples taken show that the marked improvement in the quality of the trade effluent discharge, which was noted in the 1968 report, has been maintained.

Housing

The amount of engineering works necessitated by the housing development at Chelmsley Wood has now passed its peak but the housing construction was in full swing during 1969. Development of municipal housing within the City is concentrated in the major redevelopment areas together with in-filling of sites which previously were thought to be not viable.

The decrease in building by private enterprise mentioned in last year's report has continued due to the same cause i.e. shortage of developable land in private ownership and the continuing financial squeeze.

Statistics

During 1969 the Corporation constructed 22.75 miles of foul and surface water sewers and culverts within the City. This length of new work again shows an increase of 50 per cent in the length of sewers constructed in the preceding year.

In addition private development constructed a total of 3.95 miles of sewers within the city boundary.

Corporation housing development at Chelmsley Wood, which lies outside the City, entailed the construction of a further length of 7.58 miles of foul and surface water sewers bringing the total length of sewers constructed on this development up to 77.38 miles.

Up to the end of 1969 the total length of public sewers inside the City amounted to 1,815 miles of which 1,137 miles are foul and 678 miles surface water sewers. This gives an overall increase of 19 miles, after allowing for old sewers which have been abandoned or demolished.

REFUSE COLLECTION AND DISPOSAL

The following information has been kindly supplied by Mr. K. Harvey, General Manager of the Salvage Department.

Refuse Composition

The Salvage Department carries out analysis of the household refuse produced in the City quarterly to obtain the variations which occur due to seasonal changes. Over the last 10 years, the changes in refuse composition have been particularly apparent and an excessive increase or "explosion", is being experienced at present.

The increase in volume is attributable to changes in living standards and habits; the increasing use of disposable products; elaborately pre-packed consumer goods; an increasing number of homes being heated by electricity, gas or oil (which is a trend caused by the introduction of smoke control legislation), so that the housewife can no longer burn refuse on open fires; trends in food processing, and many other causes.

The density trend of household rubbish has not yet reached the lowest level, as was seen when the refuse arising generally in the City (2·2 cwts/cubic yard) was compared with that from flats with some form of underfloor or central heating (0·85 cwts/cubic yard).

The effect of the decrease in density is that either additional or larger receptacles will be required at premises for the storage of refuse, or a change in the method of storage accepted at present.

Provision of Dustbins

During 1969 approximately 39,000 dustbins were provided by the Department, and those issued to premises producing domestic refuse were supplied as a charge against the General Rate Fund.

The special dustless bins, which incorporate a hinged lid, and the normal loose-lidded type dustbins, are manufactured for the Department in either galvanised mild steel or high density plastic. Dustbins made in the latter material have a greater capacity than the metal type and weigh considerably less. Thus the increase in volume of refuse can be partially overcome from a storage view-point, and the risk of injury to the personnel reduced by the use of the plastic bin.

Refuse Collection

Every endeavour is made to maintain a regular collection of refuse from premises within the City on a weekly frequency. Over 62 per cent of the town's hereditaments use the dustless system of refuse collection.

The larger container system for handling refuse in bulk is now in use at multi-storied flats, schools, shops, hospitals and industrial premises, using containers of either $1\frac{1}{4}$ cubic yards or 12 cubic yards.

The demand by the public for the removal of bulky household items free of charge continues to increase and springs mainly from the modern tendency to build in planned obsolescence and the effect of the Civic Amenities Act, 1967, which became operative in July, 1968. The penalty for discarding unwanted articles and rubbish on open land is £100 maximum upon conviction; three months imprisonment and/or £200 fine for further conviction.

The Department is responsible for operating the removal and disposal of abandoned motor vehicles on any land in the open air. If a scrapped motor vehicle cannot be delivered to one of the Department's reception centres by the owner, then a charge of £4 10s. 0d. per vehicle is made for removal of the vehicle on request.

Garden refuse is removed on request after the occupier of any house has purchased collection tickets at nominal cost to cover the work involved.

Refuse Disposal

The principle of separation and incineration has been the basis of Birmingham's primary method of refuse disposal since 1924. This was regarded as the best way of recovering the salvageable items from the refuse collected, and of dealing with the "tailings" left after the separation process so as to produce an inert clinker hygienically. However, due to the age of the existing plants, the building of housing estates and the shortage of suitable tipping sites within the City for crude refuse, the Department commenced to modernise the refuse disposal facilities by the building of the Lifford Lane works at Kings Norton in October, 1961 and also the works at Chester Road, Castle Bromwich in September, 1966.

The present construction work on a continuous operating direct incinerator works at Holford Drive, Perry Barr, to replace the existing Brookvale Road plant, is scheduled for completion in 1971. In order to deal effectively with the changes in increased volume of refuse, vehicle design and plant automation, many advanced features will be incorporated.

The main factor of the new plant as is also the case at the Castle Bromwich Works will be the reduction in dust and grit emitted to the atmosphere with the products of combustion by the use of high efficiency, electro-static precipitator gas cleaning plant.

The Montague Street sludge de-watering plant has continued to deal effectively with the various industrial trade effluents containing a high level of suspended solid content, and which are unsuitable for discharging directly into the City's sewers. The disposal of the de-watered sludge can be dealt with at the Department's various tips and the clarified filtrate run off to the sewer.

Cesspool and Sanitary Pans

During the year, the remaining cesspool and sanitary pans in the out-lying parts of the City were serviced regularly.

THE CITY'S WATER SUPPLY

Once again, thanks are due to Mr. R. C. Whitehead, Engineer and Manager of the Water Department, for the following information upon the engineering aspect of the supply.

Sources

The **Elan Valley**, in mid-Wales, is the principal source of supply but it is now fully developed and its reliable yield of 75,000,000 gallons daily is being supplemented by an increasing proportion of water from other sources. The impounding reservoirs on the Rivers Elan and Claerwen collect the soft, peaty water which is then drawn off as required, treated at the headworks with lime to reduce its aggressive tendency towards metals, passed through coarse rapid gravity type sand filters to remove suspended matter, chlorinated and dosed with fluoride before it enters the 70-miles long Elan Aqueduct by which it is conveyed to Birmingham. 95 per cent of the water supplied during 1969 originated from this source.

Water derived from the **River Severn** was also supplied to Birmingham throughout the year except during periods of greatly reduced demand. Treatment of this water consists of clarification and lime softening in upward flow reaction tanks followed by chlorination and fluoridation. The water is filtered and rechlorinated at the Frankley Works. Nearly 5 per cent of the total water consumed in 1969 was from the River Severn.

There are also river abstraction works at **Whitacre** near Coleshill where water is taken from the Warwickshire Rivers Blythe and Bourne and stored in bankside reservoirs before being drawn off for treatment. Although originally an important part of the City's water resources, this supply has been for many years reserved almost exclusively for bulk supply to Coventry Corporation Water Undertaking and to the North East Warwickshire Water Board. Some supplies to various isolated premises in parts of Meriden Rural District near the pumping mains are afforded and from August 1969 mains in the parish of Fillongley have been so supplied.

One local deep well is maintained by the Water Department at **Short Heath** and is capable of supplying reliably 2,000,000 gallons of wholesome water daily. Because of its extreme hardness, however, this water is used only in emergencies, such as trunk main failures, when it is found to be of great value in enabling supplies to be maintained on the north-east side of the City. During 1969 the well was used on three occasions totalling nine days.

Treatment Works

At **Frankley Works**, Northfield, the Elan rapid gravity filters, 40 in number and each capable of dealing with 2,000,000 gallons of water daily, functioned satisfactorily throughout the year. The group of eight rapid gravity filters comprising the first instalment of the Severn block were also in full use at rates up to 15,000,000 gallons of water daily satisfactorily filtering Severn derived, Elan or mixed waters which were subsequently blended with that from the Elan Filters. Since 18th July the whole of the water processed at these works has passed through either of these two installations and the slow sand filters, expensive to maintain and unreliable in output, are no longer in use. The new chlorination and sulphonation plants are now in operation but are under manual control as the automatic equipment is not yet available. The chlorine in the water leaving the works is between 0.2 and 0.25 mg/l.

At **Whitacre Works** high chloride content in the River Bourne water was reduced in the reservoirs by increased pumping of water derived from the River Blythe. After storage in Shustoke Reservoir the water is microstrained and prechlorinated prior to the addition of aluminium sulphate as a coagulant and filtration through rapid gravity filters. Post-filtration chlorination and dechlorination with sulphur dioxide complete the treatment. For certain periods of the year when the reservoir water was of good quality, aluminium sulphate dosage was suspended. When necessary, copper sulphate was applied to the water entering Shustoke Reservoir in order to control algal growth.

Area of Supply

Mainlaying for new housing sites, development in the city centre, trunk main extensions, the replacement of old corroded mains with new concrete-lined ones and mains alteration in conjunction with major road schemes continued. Multi-storey blocks of Corporation flats were provided with boosted supplies where the existing pressure in the mains was inadequate to provide a satisfactory supply.

During the year, the laying of 1,930 yards of 24" diameter main from Ampton Road to Great Colmore Street was completed. This main has improved the supply in the Middle Level Zone in the areas around Suffolk Street and Curzon Street. The Supply to parts of Acocks Green and Yardley, also on the Middle Level, has been improved by the laying of 1,936 yards of 36" main along Fox Hollies Road and 2,205 yards of 18" and 15" mains in Olton Boulevard West and Olton Boulevard East.

All new and repaired mains were sterilized before being put into service following satisfactory tests for bacteriological purity.

ROUTINE SAMPLING OF CORPORATION WATER

The purification of water by the City Water Department is carried out at both Whitacre and Frankley Water Works, the latter being responsible for almost all the potable water supplied to the City itself. Careful sampling is done throughout the whole of the year to check on the efficacy of the treatment carried out at both works.

Bacteriological Examination

ELAN VALLEY SUPPLY

The impounded water at the Elan Valley is treated with lime to neutralize both its natural acidity and the additional acidity caused by the introduction of fluoride. The water then passes through rapid filters to remove suspended matter and is dosed with 0.75 p.p.m. of chlorine before passing into the aqueduct. The supply enters the open storage reservoirs at Bartley and Frankley—here the purity may be affected by birds, especially during the winter months. From the reservoirs, the water is filtered and then receives final chlorination prior to passing into the general main supply.

RIVER SEVERN SUPPLY

In November, 1967, water derived from the River Severn and stored in Trimpley Reservoir near Bewdley was introduced into the Birmingham supply and during 1969 an average of 3,700,000 gallons daily of this water was clarified, softened, fluoridated and marginally chlorinated before being pumped to Frankley for the final stages of purification.

ELAN AND SEVERN MIXED SUPPLY

At Frankley Works the filtered Severn Water was mixed with an average of 71,400,000 gallons daily of Elan water. The Severn water is harder than that of the Elan but as the proportion of the former is small the increased hardness is barely detectable in the mixed water. In order that no further contamination may occur in the treated water, the City is served by covered service reservoirs: 222 samples of fully purified water were taken during 1969 from the distribution mains leaving Frankley works, from the service reservoirs and from taps in all areas of the City and these showed the water supplied to be of a consistently high degree of bacteriological purity.

WHITACRE SUPPLY

The Whitacre Works treats the waters from the Rivers Bourne and Blythe which are sampled weekly and are almost always heavily polluted. Water from the River Blythe is contained in the Whitacre Reservoir and after a short period of retention is pumped to the Lower Shustoke Reservoir for storage and mixing with Bourne water.

The water is markedly improved by storage and improvement continues during the subsequent processes of filtration and chlorination; twice weekly samples of purified water are taken as it leaves the Works and from points along the mains at Monwode Lea and Packington. On no occasion were faecal organisms found, and there was close correlation between the results of samples taken on the same day from the three sampling points.

During the first four months of the year the total number of organisms at these three points ranged between 0 and 82 per ml. but during the summer months the average was less than 2.

The Whitacre water is used for bulk supply to Coventry Corporation and the North East Warwickshire Water Board; from a bacteriological point of view the sample results of the fully treated water compare favourably with those of the Birmingham water. The purification of such highly contaminated river water is a remarkable achievement.

WELLS

Sampling of the Short Heath Well is carried out every fortnight and during 1969, 27 samples were taken. During the year Short Heath Well was brought into commission on three occasions when weekly sampling was carried out and, apart from two occasions when some slight contamination occurred (most probably due to dust), the results of samples demonstrated an excellent degree of purity.

Chemical Examination

The table following page 291 sets out the number of samples taken from several points and their chemical composition together with extreme values detected in individual cases.

Due to the great purity of the Welsh water, the chemical nature of which generally varies little from year to year, sampling is carried out only once per month from the works at Frankley, and again the overall picture showed readings which were well within the normal limits. Fluctuation again occurred

during 1969 in the chloride figures of the Whitacre water, the November filtered water sample having a record salt content of 190 mg/l chlorides as Cl. (The World Health Organisation permissible limit is 200 mg/l chlorides as Cl.). The reduced flow of the river during the dry summer was a contributory factor but the pumping of colliery effluent containing salt into the River Bourne was undoubtedly the chief cause. Arrangements are being made to discharge the effluent into the river at a point below the reservoir intake.

Erosion Tests—overnight in lead pipe coil.

The following tests were carried out at Frankley:—

<i>Date</i>		<i>Lead p.p.m. Pb.</i>
February	11th	0.45
February	25th	0.60
March	13th	0.35
March	27th	0.55
April	15th	0.45
May	13th	0.45
June	10th	0.55
July	1st	0.35
July	29th	0.15
August	21st	0.60
September	23rd	0.75
October	14th	0.90
October	28th	0.90
November	11th	0.90
November	25th	0.75
December	9th	0.50

(pipe only partly filled)

Range 0.15 to 0.90 p.p.m. Pb. (1968 Range 0.3—1.0 p.p.m. Pb.)

During 1969 the over-night lead strip tests on mains water showed a range of 75 to 135 units with an average of 102 units (1968 range 90 to 125—average 107).

Fifteen samples of domestic water for lead determination were taken during the year—these were the “first draw-off” from taps in older houses with lead piping and with the exception of one all showed the lead content to be below the World Health Organisation recommended limit of 0.3 mg/l.

Four samples were also taken during normal use in the day time and these too were well within the permissible limit.

Due to the high degree of variation in the Frankley lead pipe coil tests it was decided in December 1969 to abandon them and increase the number of samples taken from lead service pipes in ordinary domestic use. In view of the addition of the Severn water, and as stated by the City Analyst in his report on page 77 further experimental work on plumbo-solvency is being undertaken.

Fluoride

The standard figure of 1·0 p.p.m. as laid down by the Department of Health has been maintained within the allowable deviation of 10 per cent as shown by samples taken at various points and daily from the tap in the City Analyst's Laboratory. No sample contained more than 1·0 p.p.m. Fluoridation at the Elan Valley commenced on 4th June, 1964 and the new plant for fluoridation of the Severn water at Trimpley was put into commission on 11th March, 1968.

Radioactivity

Estimation of radioactivity is carried out on samples of water taken every two weeks during the year and these results have given no cause for concern.

PRIVATE WELLS

INDUSTRIAL

There are now 64 premises within the City which are known to use water from boreholes. Since 31st December, 1968, seven boreholes have been sealed, also eleven premises known to have had boreholes have been demolished or are not being used. Details are as follows:—

	<i>Number of premises</i>	<i>Number of wells</i>
Breweries using well water for all purposes	5	13
Hotels and blocks of flats using well water for all purposes	2	2
Hospital using well water, stand-by only	1	1
Food preparation premises using well water	3	6
Industrial premises using well water for all purposes ..	15	22
Industrial premises using well water for industrial purposes only	38	57
	<hr/> 64	<hr/> 101
	<hr/> <hr/>	<hr/> <hr/>

During the year 91 bacteriological samples and 46 chemical samples were taken from various premises. The reports obtained from these samples indicated that the water from the boreholes, although hard, was in a state of high bacteriological purity.

DOMESTIC

There is now only one dwelling within the City, known to rely on water from a shallow well.

DWELLINGS WITHOUT AN INTERNAL WATER SUPPLY

Since 1948, when over 6,000 houses in the City were found to be lacking an internal water supply, the Department has been striving to ensure that every occupied dwellinghouse should be provided with a piped supply of water within the dwelling. The number of houses lacking this facility has been steadily reduced year by year as a result of action taken by the Department to compel owners to provide a supply and by the City's programmes of re-development which have encompassed many of the areas of older housing containing these sub-standard dwellings.

AVERAGE RESULTS OF CHEMICAL EXAMINATIONS 1969

No. of samples taken	Description	pH	PARTS PER 1,000,000 (p.p.m.) OR MILLIGRAMS PER LITRE (mg/l) (Extreme values in brackets)														
			Total Solid Matter	Ammoniacal Nitrogen (as NH_3)	Albuminoid Nitrogen (as NH_3)	Nitrates (N)	Oxygen consumed in 4 hours at 27°C.	Chlorides (Cl)	Hardness (as CaCO_3)	Total Alkalinity (as CaCO_3)	Fluoride (F)	Detergents	Hardness		Nitrates (N)	Erosion (over-night in lead pipe)	Erosion (over-night with leadstrip)
11	ELAN WATER: Aqueduct outlet	9.1 (8.7-9.2)	42 (39-46)	0.000	0.020 (0.004-0.048)	0 (0.0-0.2)	1.2 (0.9-1.4)	10 (8-11)	20 (18-26)	8 (7-9)	1.0 (0.8-1.0)						
11	After storage in Bartley and Frankley Reservoirs	7.8 (7.1-8.8)	41 (38-49)	0.000	0.018 (0.006-0.032)	0	1.1 (0.9-1.3)	10 (7-11)	22 (19-25)	8 (7-10)	1.0 (0.8-1.0)						
8	SEVERN WATER: Aqueduct outlet	8.8 (8.0-9.1)	187 (50-242)	0.010 (0.000-0.028)	0.052 (0.020-0.084)	1.7 (0.0-3.0)	0.8 (0.6-1.1)	30 (10-40)	90 (26-110)	15 (8-21)	0.9 (0.7-1.0)						
11	MIXED ELAN/SEVERN After Filtration and Chlorination	7.2 (6.5-8.1)	48 (41-56)	0.000	0.016 (0.000-0.048)	0	1.0 (0.7-1.0)	10 (8-12)	24 (20-28)	8 (6-9)	0.9 (0.8-1.0)					0.57 (0.35-0.90)	102* (75-135)
5	SHORT HEATH WELL	7.5 (7.4-7.5)	455 (412-517)	0.000	0.003 (0.000-0.008)	13.7 (11.8-14.8)	0	33 (33-35)	260 (240-275)	80 (78-82)	0		168 (144-198)	92 (77-106)			0
12	WHITACRE WATER: River Blythe	7.6 (7.1-8.0)	476 (374-559)	0.457 (0.000-1.664)	0.358 (0.240-0.600)	5.4 (2.3-8.5)	3.9 (2.3-9.6)	41 (28-47)	291 (200-350)	137 (74-158)	0.3 (0.0-0.5)	0.1 (0.0-0.3)			0.04 (0.02-0.05)		
12	River Bourne:	7.6 (7.4-7.9)	698 (552-886)	0.142 (0.000-0.400)	0.150 (0.040-0.368)	7.3 (5.3-9.0)	1.6 (0.8-5.4)	129 (59-240)	391 (340-460)		0.1 (0.0-0.3)	0					
12	After Storage in Shustoke Reservoir	8.4 (8.0-8.7)	613 (539-702)	0.029 (0.000-0.180)	0.214 (0.112-0.324)	3.8 (1.8-5.9)	1.5 (1.0-1.9)	124 (96-175)	338 (260-400)			0 (0.0-0.1)					
12	After filtration and chlorination	7.3 (7.0-7.7)	630 (517-709)	0.000 (0.000-0.050)	0.175 (0.064-0.0800)	3.5 (1.4-5.3)	0.8 (0.4-1.4)	128 (103-190)	330 (260-390)		0.1 (0.0-0.4)	0 (0.0-0.2)	167 (140-194)	163 (94-212)			

*10 samples submitted

In the report for the year 1968 it was stated that the previous twelve months had seen a fall in the number of houses lacking an internal water supply from 226 to 69. Although no supplies have been provided during 1969, further progress has been made in reducing the number by the demolition, or vacation for early demolition, of 15 houses which lacked an internal supply.

At the 31st December, 1969, only 54 occupied houses remained without this facility. As will be seen from the table below, the majority of these houses are unfit for human habitation, their very short life expectation precluding any formal action to compel the landlords to provide a supply.

The following table shows the position at the end of the year:-

Unfit houses included in declared Clearance Areas	..	..	..	..	32
Other unfit houses whose life did not justify expense	..	..	..	..	4
Houses whose occupants did not desire an internal supply	..	..	..	..	17
House supplied by well – distant from nearest main supply	..	..	..	..	1
					<hr/>
					54
					<hr/>

SAMPLING OF SWIMMING BATH WATER

There are 18 swimming establishments containing 29 pools which are sampled at least once per month, without prior notice, for bacterial content and chlorine concentrations. The successful control of contamination in the bath water is primarily achieved by means of chlorination. Of the 347 samples taken during 1969, 26 failed to come within the adopted requirements of not more than 11 organisms per 1 ml. and the absence of coliform organisms in 100 mls.

In general most of the unsatisfactory samples were due to either heavy attendances or low concentrations of chlorine caused in some instances by temporary mechanical defects. In all cases repeat samples were taken and were found to be satisfactory on re-examination.

Free chlorine is the principal sterilizing agent and the following table sets out the month in which the few samples failed to achieve the high degree of purity:-

<i>Month</i>			<i>No. of samples taken</i>	<i>No. of samples with viable count more than 11 per 1 ml.</i>	<i>No. of samples with faecal coliform detected in 100 mls.</i>
January	..	..	24	—	—
February	..	..	28	—	—
March	..	..	26	—	—
April	..	..	27	1	—
May	..	..	35	4	1
June	..	..	30	2	—
July	..	..	36	6	—
August	..	..	31	1	1
September	..	..	29	—	—
October	..	..	28	—	—
November	..	..	30	5	—
December	..	..	23	7	—
TOTAL			347	26	2

Heavy use is made of the swimming baths during the summer months and the reports upon samples, despite the few adverse results, showed the overall picture was excellent.

Mr. J. Moth, the General Manager of the Baths Department, states that these reports continue to reflect the efforts made to ensure a high standard of hygiene in the City's swimming pools.

Sampling of three privately owned and 12 school swimming pools was done during the year and these complied with the required bacteriological and chemical standards.

PERSONAL SAFETY

Testing the Performance of Oil Heaters and the Guards on Oil, Gas and Electric Heaters

In spite of a number of lectures given by staff of the Health Department and of the Fire Brigade, there are still too many home fires caused by the misuse of oil heaters and other domestic heating appliances. Unfortunately, tragedy and loss of life with the resulting publicity appears to have little or no effect on many Birmingham householders, who continue to use heaters which are undoubtedly in a dilapidated and highly dangerous condition.

Although publicity has been given in national and local press to the number of tragic deaths which have resulted from oil heater fires, a number of these appliances still find a ready sale through second-hand dealers in the City, who either cannot or will not understand that they are not allowed to sell such appliances which do not comply with the stringent safety regulations made by the Home Secretary.

During 1969 the staff of the technical section immediately responsible for the enforcement of the Oil Heaters Regulations, 1962 and 1966 and the Heating Appliances (Fireguards) Regulations were still handicapped by staff shortages, and again it was possible only to exercise limited vigilance in regard to these illegal sales.

Some measure of success was, however, achieved, and the following inspections were carried out during the year:—

<i>Number of premises visited</i>	<i>No. of appliances Examined</i>	<i>Number of appliances found to be unsatisfactory</i>
100	286	38

In almost all the cases the unsatisfactory appliances were immediately withdrawn from sale, and on each occasion the vendor was verbally warned that further offences would result in legal proceedings being instituted.

Formal action was taken in two cases. In the first a defective radiant type heater was purchased for £6. 10s. 0d. and submitted to the British Standards Institution for official test under the provisions of the Oil Heaters Regulations. The report showed that the oil heater was defective on several counts and that it was in fact liable to produce unguarded flame in the slightest of draughts, and that if it was knocked over the fuel which was spilt would ignite. The penalty imposed by the court in this case was £30 plus £16. 10s. 0d. costs. In the second

case another radiant oil heater was obtained from a vendor and also submitted to the British Standards Institution for test, with somewhat similar results to those mentioned previously. In this second case the vendor voluntarily allowed the heater to be taken for test and, on this occasion, the court imposed a penalty of £15 plus £15 expenses and confiscated the heater.

The resultant publicity was not very extensive, but the penalties imposed by the courts should have a salutary effect on other second-hand dealers who still insist on flouting the law and exposing for sale heaters which are quite obviously in a dangerous condition.

There is no doubt that further prosecutions must follow if the number of tragedies and deaths within the City are to be reduced. To increase the effective control exercised by the Department over the sale of defective oil heaters and other appliances with defective fire-guards, the whole of the Public Health Inspectorate within the Department was authorised, during 1969, to carry out inspections of these appliances where exposed for sale. At the end of the year arrangements were being made for the Public Health Inspectors to be trained in the inspection of the various types of appliances so that they could quickly assess whether or not they were individually likely to contravene the Regulations

INDUSTRIAL PREMISES

Sanitary Accommodation in Factories

Part I of the Factories Act, 1961, contains those provisions dealing with sanitary matters in factories. The local authority enforces general requirements relating to cleanliness, overcrowding, temperature, ventilation, drainage of floors and sanitary conveniences in factories in which mechanical power is not used. Where there is mechanical power, only sanitary conveniences are dealt with.

The number of visits paid to industrial premises, defined as "factories" under the Act, totalled 3,025 for the year, representing a decrease of 909 inspections when compared with the figure of 3,934 for 1968. There was also a reduction of 113 in the total number of premises registered when compared with the figure of 4,791 for 1968.

Inspections for Purposes of Provisions as to Health

<i>Premises</i> (1)	<i>Number on Register</i> (2)	<i>Number of</i>		
		<i>Inspections</i> (3)	<i>Written notices</i> (4)	<i>Occupiers prosecuted</i> (5)
(i) Factories in which Sections 1, 2, 3, 4, and 6 are to be enforced by Local Authorities	61	46	5	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority ..	4,476	2,629	178	1
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises) ..	141	350	4	—
TOTALS ..	4,678	3,025	187	1

As in the past, factory managements continued to co-operate with the Department in complying with the requirements of the informal notices referred to below. It was only necessary, therefore, to institute legal proceedings in one case, in relation to defective sanitary conveniences, and as dealt with under Section 7 of the Act.

Inspectors, when making the above visits, continued the practice of attending to factory canteens, outworkers, etc., whilst on the premises, and in this way the most economical use of available manpower is exercised.

Cases in which DEFECTS were found

(If defects are discovered at the premises on two, three or more separate occasions they are reckoned as two, three or more "cases")

Particulars (1)	Number of cases in which defects were found			Number of cases in which pros- ecutions were instituted (6)	
	Found (2)	Remedied (3)	Referred To H.M. Inspector (4) By H.M. Inspector (5)		
Want of cleanliness (S1) ..	5	—	—	4	—
Overcrowding (S2) ..	—	—	—	—	—
Unreasonable temperature (S3)	—	—	—	—	—
Inadequate ventilation (S4)	—	—	—	—	—
Ineffective drainage of floors (S6)	—	—	—	—	—
Sanitary Conveniences (S7)					
(a) Insufficient	6	4	—	3	—
(b) Unsuitable or defective	421	341	—	88	1
(c) Not separate for sexes	1	—	—	—	—
Other offences against the Act (not including offences relating to outwork) ..	3	—	—	—	—
TOTAL ..	436	345	—	95	1

Outworkers

The homes of persons who carry out light tasks in connection with the making, ornamenting or finishing of certain classes of goods are referred to as outworkers' premises. The employers of such persons are required under Section 133 of the Factories Act, 1961, to supply the local authority with lists of names and addresses of outworkers during the months of February and August in each year.

The August return for 1969, gave the following particulars:-

LIST OF OUTWORKERS 1969									
<i>Nature of Work</i>									<i>Number of Outworkers in August</i>
Wearing apparel	..	..	..	..	..	..	..	..	75
Household linen	..	..	..	..	..	..	..	..	2
Furniture and upholstery	..	..	..	..	..	..	..	..	2
Electro-plate	..	..	..	..	..	..	..	..	111
Brass and brass articles	..	..	..	..	..	..	..	..	16
Paper box making	..	..	..	..	..	..	..	..	17
Carding, etc., of buttons etc.	..	..	..	..	..	..	..	..	69
									<hr/> 292 <hr/>

The above figures show a further decrease of 70 outworkers employed when compared with the total number of 362 for the previous year. The reason for this decrease is due to a number of firms either ceasing to trade or to employ outworkers, and the principal trades affected by this reduction are "household linen," "electro-plate" and "carding, etc., of buttons, etc".

The total number of visits made by public health inspectors to outworkers' premises amounted to 760 for the year. These inspections revealed that no work was being carried out in premises considered to be injurious or dangerous to health.

Town and Country Planning Acts 1962 to 1968

In order to ensure that maximum use is made of the above Act in ensuring that good planning incorporates the legislated requirements of public health and recommendations made in codes of practice, a close liaison is maintained between this Department and that of the City Engineer, Surveyor and Planning Officer.

Plans and applications which in any way have a bearing on the work of the Department are forwarded to the Chief Public Health and Housing Inspector for examination and comment. Such plans include food premises, factories, shops, houses and housing projects. After preliminary examination they are passed to the specialist officers within the Department where appropriate. During the year 1,798 applications were dealt with, being an increase of 153 when compared with 1,645 for 1968. These applications, together with appropriate plans, were scrutinised by the under-mentioned officers as follows:—

	<i>Number of applications referred</i>						
Public health and housing inspectors	1,748
Noise abatement and atmospheric pollution inspectors	380
Shops inspectors	73
Food inspectors	37
Medical officers	3
Veterinary officers	4

Opinions of the various officers were collated and suitable replies prepared by the Chief Public Health and Housing Inspector. It was necessary to make comment in 530 cases, or approximately 30 per cent.

NOISE AND VIBRATION CONTROL

When one considers the psychological stress which unwelcome noise can produce in its unhappy recipient and the damage which might accrue due to prolonged exposure to excessive noise, each complaint of noise nuisance received by the Air Pollution and Noise Control Section of the Department must be investigated closely and carefully.

The assessment of noise nuisance can at times be very difficult, and although some degree of advice is given in the Final Report of the Committee on Noise (The Wilson Report), the noise levels, which were considered by this publication to be acceptable when the Report was published in 1963 and which were in turn based on a London noise survey made in 1961/62, are now generally unacceptable. Since that time, public awareness of noise problems has developed and many more complaints are being received as citizens realise that noise levels can almost invariably be reduced by attention to the basic engineering principles of

- (a) reduction of the noise at source:
- (b) acoustic insulation and/or absorption to contain the noise;
- (c) isolation to reduce vibration and structure borne noises.

What is more, a British Standard (BS. 4142 1967) "Method of Rating Industrial Noise Affecting Mixed Residential and Industrial Areas", is also largely based on the original London noise survey, and several of its clauses are very similar to the recommended noise levels of the Wilson Report.

London is a very noisy city as most visitors unhappily know. Certainly it is far more noisy than Birmingham and there is no reason why the inhabitants of this city should be subjected to gradually increasing noise levels (merely because they are present in London) when it is practicable to reduce even the existing noise levels; and this is the aim of the Department.

During the year, the Chief Air Pollution and Noise Abatement Inspector, who represents the Authority on the Midland Joint Advisory Council for Clean Air and Noise Control, was engaged on a Technical sub-committee to consider the effects of BS.4142. It is anticipated that, during 1970, a "Midlands Noise

Survey" will be carried out by a number of local authorities with the express purpose of proving the basic criterion of the London Noise Survey to be excessively high for the Midlands area and making recommendations for a revision of the standard.

The Wilson Report itself in paragraph 386 says "We have already stated our belief that the public will gradually become less tolerant of noise as the standard of living of the country rises. It may well follow that acceptable noise levels as measured by empirical rules such as those to which we have referred, will become progressively stricter, they must therefore be reviewed from time to time to meet current needs".

There is no doubt that public awareness of noise is increasing, and there is a distinct possibility that this problem will, in the not too distant future, be removed from the Victorian standard of "nuisance" and related to a more modern standard of minimum noise levels attainable by good engineering design, correct installation of machinery and adequate containment of any noise created, to the extent that even existing background noise levels will be reduced. There is no reason why pneumatic drills should be used without muffles; why modern air-compressors should not be fully insulated, adequately silenced, or why they should be used with the covers open; or why civil engineering and building equipment should be used without effective silencers. In all such cases, and in industry generally, plant should be designed, installed, maintained and used to reduce noise to an absolute minimum irrespective of "nuisance".

In May 1969 the Minister of Housing and Local Government asked local authorities to report to him the progress they had made in noise control during the previous two years and to mention any difficulties met in practice. The Health Committee submitted a substantial report indicating that in those two years (May 1967 to April 1969) 327 complaints of noise nuisance were substantiated and although most problems were overcome because industry was conscious of its moral obligation to reduce noise levels and was co-operative with the Air Pollution and Noise Control Officers, the lack of adequate legal power was sometimes embarrassing. "Local Authorities have an obligation to protect the citizens of this country against all forms of violence, including assault by decibels, **but they must be provided with the power to enable them to do so**". In other words a new Noise Control Act is long overdue.

An analysis of noise nuisances is given below:—

ANALYSIS OF NOISE COMPLAINTS RECEIVED, 1969

(Total for 1968 — 156)

<i>Source of Noise</i>	<i>Number of complaints</i>		<i>Source of Noise</i>	<i>Number of complaints</i>
Air compressors	10		Material handling	10
Air blowers	2		Metal fabrication	2
Car breakers	3		Oil and gas burners (Industrial furnaces)	6
Car repairers	9		Refrigerators	3
Concrete mixers	1		Road tankers (discharging)	1
Cooling towers	5		Rolling mills	1
Coin operated laundries	3		Industrial sewing machines	2
Dust arrestment plant	7		Shoe repairing	1
Drop hammers	7		Vehicle movements	3
Earth moving machines	11		Pumps	5
Fans (general)	24		Woodworking machinery	2
Power Presses	7		Other miscellaneous	28
Pneumatic Drills	24			
Machine noise (factories)	7			
			Grand Total	184

During the year 4 Abatement Notices were served under the provisions of the Noise Abatement Act, 1960, and the Public Health Act, 1936, in respect of noise nuisance, but in no instance was it necessary to pursue a case in the Magistrates' Court for a Nuisance Order.

The interdepartmental co-operation between the Planning Officers of the Public Works Department and the Chief Air Pollution and Noise Abatement Inspector referred to in my 1968 report continued and was strengthened during the year. It is now the practice of the Planning Officers to seek the advice of the specialist noise control staff whenever a proposed change of "Use Class" of premises under the Town and Country Planning (Use Classes) Order, 1963, may affect the amenities of an area. This advice is sought formally when a planning application is received, or informally when a request is made for the existing Use Class of premises to be established for record purposes. 455 such formal or informal requests were made and comments were provided in each case.

ATMOSPHERIC POLLUTION CONTROL

There is little doubt that during the next few years the full effects of legislation brought into operation during 1969 will further influence the design and installation of modern furnaces and boiler plant, with their associated equipment for reducing air pollution. During this year the Clean Air Act, 1968, became fully operative, and the Minister of Housing and Local Government also made a number of Regulations enabling local authorities to make effective use of the various provisions of the Act.

The main provisions of the Clean Air Act, 1968 (which amends and extends the Clean Air Act, 1956,) are as follows:—

1. Control of Industrial Air Pollution

- (a) It is now an offence, with minor exceptions, to cause dark smoke emission by burning industrial waste, etc., in the open.
- (b) The Act allows the Minister to make Regulations prescribing maximum acceptable levels of emission of grit and dust from boilers and furnaces and strengthens the local authority power to require the installation of grit and dust arrestors on new plant.
- (c) The control previously exercised in the Clean Air Act, 1956, via the Building Regulations, over the height of new industrial chimneys is considerably strengthened, and has been extended to require chimney height approval to be obtained when existing plant is enlarged and/or a new chimney is constructed.
- (d) The provisions of the Act may now be applied to “fume” control in addition to smoke, grit and dust, etc., when the Minister considers it appropriate to do so.

2. Smoke Control Areas

- (a) It is now an offence for a merchant to sell, by retail delivery, unauthorised fuel for use in premises in a Smoke Control Area, and it is also an offence for the occupier of premises in a Smoke Control Area to acquire unauthorised fuel for use in his premises.
- (b) A local authority which is not making adequate progress with smoke control may now be directed by the Minister to prepare and submit to him for approval, proposals for making and bringing into operation Smoke Control Orders within its area and, if the local authority does not comply with the Minister's direction, he may make an Order declaring them to be in default and directing them to make Smoke Control Orders and bring them into operation within a given period.

Industrialists in the City and in the West Midlands have not been slow to recognise the effect of this new legislation and, as the various sections have been brought into operation, the staff of the Air Pollution and Noise Control Section of the Department have held meetings with industrialists and consultants to explain the various provisions. The Chief Air Pollution and Noise Abatement Inspector has also entered into considerable correspondence to ensure that all organisations and members of engineering institutions are aware of their new obligations. In the meantime, the continuing co-operation between industry and the Department has been further strengthened and has now reached the stage where industrialists, architects and consultants seek advice from the Air Pollution Staff in the early stages of planning new installations.

The activities of the West Midlands Gas Board in the planning of new natural gas pipelines to bring this new and pollution-free fuel to industry in the City has progressed rapidly. Towards the end of the year the Board announced that £2 million have been provided for the construction of twelve miles of natural gas pipe-line in Birmingham and the West Midlands to bring natural gas to industry in advance of the conversion programme of domestic properties. Again industrialists have not been slow to recognise the advantages of using a "clean" fuel for heating and process work, and architects in particular have already appreciated the advantages of using town gas and natural gas at a competitive price, so that they may design new buildings with lower chimney heights. Towards the end of the year the Chief Air Pollution and Noise Abatement Inspector was in negotiation with the Midlands Research Station of the Gas Council to produce a standard document for use in Birmingham, and possibly on a national basis, for the determination of chimney heights for industrial furnaces using town gas or natural gas. At the moment little or no information is available on which to calculate heights of chimneys for gas fired plant, and it is important that in the near future a suitable document should be prepared to enable uniformity to be achieved not only in the City but throughout the West Midlands and the country as a whole.

Smoke Control Programme

The Smoke Control Area programme is progressing at a steady rate and, in spite of local and national publicity that there were shortages of open fire smokeless fuels during the winter of 1969/1970, these shortages did not become apparent in Birmingham due to the continuing use of Windsor Street Gas Works, where approximately, 4,000 tons of open fire Gloco are manufactured each week.

The Solid Smokeless Fuels Federation consider that the National situation will probably deteriorate during the winter of 1970/1971, and towards the end of 1969 requested the Council to consider postponing the operation of the City of Birmingham Smoke Control (No. 130) Order, 1968, from the 1st December, 1970 until after April, 1971, thus avoiding the rapid increase in demand for open fire fuels which would occur during the latter part of 1970. The Council was to consider a recommendation to this effect at a meeting in the early part of 1970.

Although the operation of one large Smoke Control Order will probably be deferred until after April 1971, some doubt has been expressed, by the solid fuel trade particularly, that there will be adequate supplies of smokeless fuel throughout the country for the subsequent winter and, at the time of writing this Report, it is thought that the shortage may extend until after the winter of 1971/1972. If this is so, it is apparent that the lack of a National Fuel Policy, which should have been produced many years ago, has caused chaos within the fuel industries generally. Three of the major fuels are controlled by the nationalised industries, i.e. gas, coal and electricity, with the marketing of oil mainly in the control of two or three very large companies, to the extent that an overall fuel policy would not have been difficult to achieve. It is quite ridiculous that fifteen years after the Committee on Air Pollution, under the chairmanship of the late Sir Hugh Beaver, presented its final report in 1954, there should be a continuing shortage of solid smokeless fuels. The solid fuel industry has been crying "shortage" almost every year since 1958 and, although the current problem has been accentuated by the rapid decline in the use of coal for the production of town gas, the industry as a whole, together with the Ministries of Technology and Housing and Local Government, have failed to forecast the problem which would arise in the 1970's. As a direct result of this lack of co-ordination many West Midlands authorities have reduced their smoke control programme, and it may well be that the operation of some other Birmingham Smoke Control Orders will, of necessity, have to be postponed. In the meantime, however, the Council are firm in their resolve that the smoke control programme must go ahead if Birmingham is to become a smoke-free city by the end of the 1970's, and every pressure will be brought to bear on the solid fuel industry and on the West Midlands Gas Board to ensure that there is no lack of solid smokeless fuels in the City, whether for domestic or industrial use.

The Education Committee has already given a lead to other Corporation Committees, and indeed to other local education authorities, by deciding to convert over the next three years, some 219 schools from coke burning to town gas and natural gas, thus in due course releasing 16,000 tons per year of

additional smokeless fuel for use in domestic property of which about 10,000 tons will be available for the winter of 1970/71 and, at the same time ensuring that the schools will continue to be adequately heated throughout future winters.

There will be a continuing demand for solid smokeless fuels for many years, and indeed the demand will increase during the next ten years as further Smoke Control Orders are brought into operation. In the meantime however, the conversion rate from coal burning appliances to other fuels is increasing. During 1969 the conversion rate to gas fired appliances was 67 per cent., to electric appliances was 5 per cent and to solid smokeless fuel was 28 per cent. The modern housewife has, for several years, been used to convenience foods available from the can or from the deep-freeze, and experience over the past few years has shown that she is now applying this desire for leisure time, more cleanliness and less inconvenience, to her plans for heating the home. Consequently, it is felt that over the next few years the conversion rate for adaptation of coal burning fires to gas appliances will probably increase from 67 per cent to 80 per cent at the expense of the solid fuel industry, and the more the solid fuel industry advertises its own inadequacies the more will housewives desert this industry for the gas and electricity industries. It is a peculiar phenomenon that in Birmingham probably no more than one householder in a thousand elects to convert to oil fired heating systems under the terms of the Clean Air Act.

Although the Council is continuing its Smoke Control Programme, this has not been without some opposition, particularly in view of the current financial situation, but those people who decry the expenditure of the City in its efforts to clean the atmosphere, should remember that the Committee on Air Pollution in 1954 conservatively estimated the cost of air pollution to be equal to £10 per head of population in the so called "black" areas, of which Birmingham forms a part. Since the population of the City is approximately 1,100,000 the overall cost of the effects of air pollution was £11,000,000 per annum in 1954 and, although these effects have been somewhat reduced since that time, the increase in the cost of laundry, cleaning, repairing and decorating of buildings, together with the increased cost of medical services, etc., has probably increased rather than decreased the overall financial burden. It is appalling to think what would have been the cost had the rate of air pollution continued as it was almost 20 years ago.

During 1969 the efforts of the Smoke Control Section of the Department were concentrated on producing large Smoke Control Areas, rather than producing large numbers of smaller Areas. Consequently, only two Smoke Control Orders were made during the year, one covered a small area of 6 acres and 84 dwellings, and the second covered a vast area of 5,450 acres and 24,459 dwellings.

This latter Smoke Control Area is by far the largest to be made in the United Kingdom and covers an area with a population equivalent to a town the size of Warrington, or Lincoln, or Wigan. The survey of Handsworth and Handsworth Wood areas of the City continued during the year, and this was completed during November so that the necessary statistics could be prepared for a meeting of the Health Committee early in 1970: this area will cover 2,995 acres and will involve 18,665 dwellings.

In the meantime, the Minister of Housing and Local Government confirmed one Smoke Control Order during the year, and in total some six Orders were brought into operation, including a very large area of 5,300 acres covering the Northfield, Rubery and Rednal areas of the south-western part of the City.

At the end of the year there were 20,554 acres and 125,767 dwellings covered by operative Smoke Control Orders, being 40 per cent of the city area and 37 per cent of the total dwellings. It has taken since 1958 to reach this stage in the Smoke Control Programme, and it is significant to note that within the next four years the proportion will have increased to approximately 75 per cent and 70 per cent respectively.

During the year under review 85 contraventions of Section 11 of the Clean Air Act, 1956, were detected involving smoke emission from the chimney of a dwelling house. In all but one case the householders concerned did not repeat the offence after they were given a written warning, but in one instance the written warning was ignored and it was necessary to institute legal proceedings which resulted in a fine of 40/-d. being imposed.

As a result of the new powers contained in the Clean Air Act, 1968, seven warnings were sent to fuel merchants who continued to deliver coal in Smoke Control Areas, and several warnings were sent to householders who also continued to purchase coal for use in their own property in a Smoke Control Area. A further 23 letters were sent to shopkeepers whose premises are situated in Smoke Control Areas asking them to stock only smokeless fuels, when it was found that a householder had illegally purchased pre-packed coal for use in his house, also in a Smoke Control Area. The sale of pre-packed coal over the counter in this way is not illegal, and is a serious loop-hole in the Clean Air Acts, since the majority of offences detected due to the emission of smoke from a dwelling house chimney have been caused by the use of fuel purchased in this way. Many shopkeepers are willing to co-operate with the Department and stock only authorised fuels, but an even greater number take the attitude that many of their sales are made to casual customers who call in their cars en route to their homes outside the city boundary. Whether or not this is so in every

case is open to doubt, and it is most unfortunate that the Clean Air Act, 1968, did not include a clause prohibiting the sale of bituminous coal from shop premises situated within a Smoke Control Area.

It is anomalous that a merchant may be prosecuted and fined £20 for each occasion on which he delivers coal to a dwelling in a Smoke Control Area, but shopkeepers and occupiers of petrol filling stations and other premises where pre-packed coal is sold indiscriminately are not subject to any form of control.

Atmospheric Pollution from Industrial and Commercial Premises

Reference has been made previously to the continuing co-operation by industrialists in the planning of new furnace installations, and this requires no further amplification.

As a result of the coming into operation of the Clean Air Act, 1968 on the 1st October, 1969, more attention has been paid to the incineration of waste materials on open ground, and to the burning by scrap metal merchants and others of car bodies and contaminated sheeting, the emission of smoke from which has, in the past, been actionable only under provisions of the Public Health Act, 1936, as slightly amended by the Clean Air Act, 1956.

As a result of the new provisions of the 1968 Act the number of proceedings commenced for offences under clean air legislation increased, but the majority of the cases will be heard in 1970. Those proceedings which resulted in a Magistrate's decision during 1969 were as follows:—

SUMMARY OF STATUTORY ACTION

CLEAN AIR ACT, 1956

Dark Smoke Emission from Chimneys—Section 1

Number of prosecutions	..	3	Penalties	£80
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Smoke Control Areas—Section 11

Number of prosecutions	..	2	Penalties	£17
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Smoke Nuisances—Section 16

Abatement Notices served	..	8					
Nuisance Orders made by the Magistrates	Nil

Installation of New Furnaces

Under the provisions of Section 3 of the Clean Air Act, 1956, any intention to install a new furnace must first be notified to the Local Authority, and the applicant may, if he wishes, apply for approval that the plant is capable of substantially smokeless operation when burning fuel of a type for which it was designed.

During the year 243 notifications to install new furnaces were received involving the installation of 425 boilers, furnaces and incinerators of various types. It is significant to note that, until a mere three years ago, the number of gas fired units installed rarely exceeded 10 per cent of the total, whereas during 1969 the proportion rose to 40 per cent and will, it is anticipated, further increase in future years.

Heights of Chimneys

On the 1st April, 1969, Section 10 of the 1956 Act, which allowed the Local Authority to reject building plans if proposed chimneys were of inadequate height, was replaced by Section 6 of the Clean Air Act, 1968, which allowed the Local Authority to impose stricter control over the height of the chimney and also to impose conditions as to the rate and/or quality of the emissions from the chimney. The height of chimneys was considered as follows:—

(a)	Building Regulations 1965, and Section 10 of the Clean Air Act, 1956 (1.1.69.—31.3.69.)	..	..	..	..	16
(b)	Clean Air Act, 1968, Section 6 (1.4.69.—31.12.69)	..	..	..	..	40
(c)	Building Regulations, 1965, (1.4.69.—31.12.69)	..	..	..	..	127

In the case of those chimneys subject to Building Regulation control, close co-operation is maintained with the Building Surveyor's section of the Public Works Department to ensure that the proposed chimney is of correct height and location to adequately disperse the products of combustion.

Emissions from Non-Combustion Processes

The emission of grit and dust and fumes from industrial processes not connected with the combustion of fuels frequently gives rise to complaint. In a city involved to the extent to which Birmingham is involved in the iron, steel, non-ferrous metals and plastics industries, several hundred factories, both large and small would cause serious emissions of solids and fumes unless arrester equipment was installed and properly maintained.

Amongst those problems which arose during the year were:—

- (i) Emission of enamel frit at a large domestic appliance works. Remedy—bag filter units to the value of £35,000.
- (ii) Emission of iron and steel particles from shot blasting and fettling (grinding) processes at several works. Remedy — installation of scrubber units or bag filters at the choice of the particular industrialist.
- (iii) Emission of particles of P.V.C. dust and other plastics from a number of industries using these materials. Remedy — cyclone extractors or bag filters varying with the particle size of the material being emitted.
- (iv) Emission of fume and acid mist from the metal finishing industries. Remedy — water scrubbers, absorption units or high discharge chimneys varying with the fume and its degree of toxicity.

Pollution Recording Apparatus

The eight pollution recording stations consisting of a Standard Deposit Gauge and a lead dioxide instrument were maintained throughout the year, and the monthly results for 1969 are shown in tables I and II.

Table III compares the results for 1967, 1968 and 1969, whilst the chart shows graphically how the average yearly deposited matter and the concentration of sulphur dioxide in the atmosphere of the City has fallen dramatically during the year.

These figures, and the visual evidence of reduced air pollution, show that the Health Committee's vigorous policy of domestic smoke control and the officers' continued vigilance over industrial processes, with the assistance of closer co-operation with industry and more strict legislation to reinforce this informal approach, are at last having a substantial beneficial effect on the atmosphere of the City.

If this improvement can be maintained as industry develops and smoke control areas spread to cover the City during the next decade, Birmingham will undoubtedly be one of the cleanest industrial cities in Europe. This is, however, not the time to be complacent, and a great deal of work is still to be done before Birmingham is truly a smoke free city.

TABLE I MONTHLY RECORD OF SOLID MATTER DEPOSITED — EXPRESSED IN TONS PER SQUARE MILE (1969)

Station	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Great Charles Street	17.2	15.7	29.3	27.8	29.7	9.5	16.2	14.5	11.8	13.9	22.5	19.4	227.5
West Heath	..	..	..	..	..	..	..	..	..	..	..	..	..
Edgbaston	..	..	..	..	..	..	..	..	..	..	..	..	..
Carnegie Institute, Hockley	17.9	14.0	17.3	13.6	18.2	8.4	11.8	9.2	7.5	7.2	9.8	9.8	144.7
Spring Lane, Erdington	..	..	..	..	..	..	..	..	..	..	..	..	..
Treatford Lane	..	..	..	..	..	..	..	..	..	..	..	..	..
Tower Hill	..	..	..	..	..	..	..	..	..	..	..	..	..
Bradford Street	..	..	..	..	..	..	..	..	..	..	..	..	..

TABLE II MONTHLY RECORD OF SULPHUR DETERMINATION BY THE LEAD PEROXIDE METHOD — EXPRESSED AS MILLIGRAMS OF SO₃ PER 100 SQUARE CENTIMETRES PER DAY (1969)

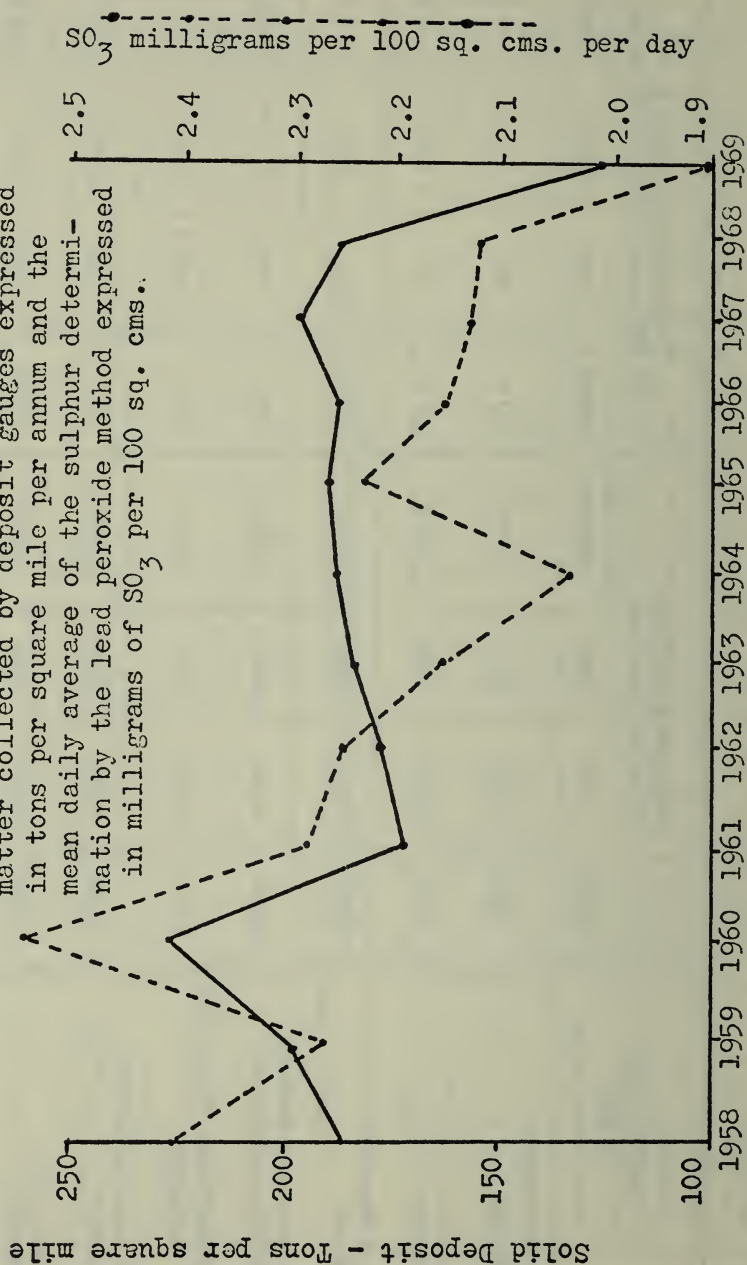
Station	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Great Charles Street	3.7	5.9	5.6	3.6	2.2	1.5	1.1	1.1	1.9	2.2	3.8	4.6	37.2
West Heath	..	..	..	..	..	..	..	..	..	..	..	..	..
Edgbaston	..	..	..	..	..	..	..	..	..	..	..	..	..
Carnegie Institute, Hockley	4.4	4.4	3.1	2.1	1.3	0.9	0.8	0.8	1.2	1.3	2.3	2.5	25.1
Spring Lane, Erdington	..	..	..	..	..	..	..	..	..	..	..	..	..
Treatford Lane	..	..	..	..	..	..	..	..	..	..	..	..	..
Tower Hill	..	..	..	..	..	..	..	..	..	..	..	..	..
Bradford Street	..	..	..	..	..	..	..	..	..	..	..	..	..

TABLE III

Station and type of area.	Yearly total of solid deposit in tons per square mile Inc. or Decr. 1968-9				Sulphur dioxide as mgms of SO ³ per 100 sq. cms of lead peroxide per day. Inc. or Decr. 1968-9			
	1967	1968	1969		1967	1968	1969	
GREAT CHARLES STREET Commercial	426.5	286.3	227.5	—58.8	4.0	3.2	3.1	—0.1
WEST HEATH Residential	81.9	100.7	43.6	—57.1	1.0	1.2	1.0	—0.2
EDGBASTON RESERVOIR Residential	108.2	140.9	86.1	—54.8	1.8	2.2	1.7	—0.5
CARNEGIE INSTITUTE, HOCKLEY Industrial and residential ...	222.8	226.8	144.7	—82.1	3.3	2.9	2.1	—0.8
PUBLIC WORKS DEPOT, SPRING LANE Mainly Residential ...	153.9	187.8	121.7	—66.1	3.4	3.6	3.6	—
TREAFORD LANE, ALUM ROCK Residential	102.2	111.6	79.0	—32.6	1.2	1.1	1.0	—0.1
TOWER HILL Residential	117.9	130.8	59.9	—70.9	1.1	1.3	1.1	—0.2
BRADFORD STREET (New site 1967) Industrial	383.7	309.5	235.5	—74.0	—	1.6	1.6	—

ATMOSPHERIC POLLUTION

Graph showing the average weight of solid matter collected by deposit gauges expressed in tons per square mile per annum and the mean daily average of the sulphur determination by the lead peroxide method expressed in milligrams of SO_3 per 100 sq. cms..



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